

# OBSERVATION BOOK.

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CONTAINING CERTAIN INDUCTIONS AND CLASSIFICATIONS.  
ANTE MORTEM AND POST MORTEM.

Ante Mortems by  
MEDICAL OFFICERS OF WAR

Post Mortems by the  
SURGEON IN CHARGE

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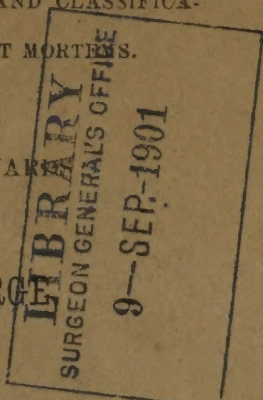
"AUDAX OMNIA PERPETI."—*Horat. Carmin B. I. III.*

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*National, U. S. Army General Hospital,*  
BALTIMORE, MD.

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A.M.M 4219 [CASE No. 1.]  
HOSPITAL NUMBER, }  
2,484. }

Demarcus Ward, aged 19 years, Corporal, Co. H., 13th Va. Regt.  
Was admitted to this Hospital from the field October 26, 1864.

### HISTORY.—(ANTE MORTEM.)

Patient when admitted was in an anæmic condition, the femur protruding from the stump about one-half ( $\frac{1}{2}$ ) inch. Suppuration in the cellular tissue of the thigh, as far up as the great trochanter had ensued. Incisions were made at several times, large quantities of pus escaping each time. The operation of resection was postponed until the patient's condition was sufficiently improved to permit it, which was performed December 30th, removing about four (4) inches of the femur.

On the 15th of January, 1865, symptoms of pyæmia set in, which increased, until the patient died on the following day.

Case reported by W. G. SMULL,  
A. A. Surg., U. S. A.

### POST MORTEM.

Number of hours after death unknown.

Patient emaciated. Having made the usual incisions, dissected back the pectoral muscles, and removed the sternum with the cartilaginous portions of ribs, some pleuritic effusion in the left sac was observed.

BRAIN.—Slight opacity of the arachnoid, inner surface of; of pia-mater covering the cerebra were filled with blood; quantity of reddish serum in lateral ventricles; choroid was rather pale; commissures third ventricle in a normal state. Near the nib of calamus scriptoreus, a V shaped congestion was detected, somewhat rough to the feel; congestion



of the pons. similar to or slightly in excess of that observed in substance of cerebra.

LUNG carnified on left side, lower lobe; some hypostatic congestion on right side.

HEART.—Large fibrinous clot in right ventricle, extending from auricle, closely adherent to valve; also small clot in left ventricle near the valve.

LIVER was one-fourth ( $\frac{1}{4}$ ) larger than natural; heavier; rather light colored, of finely granular appearance, and quite solid consistence.

SPLEEN was three (3) shades too dark, presenting a dark purple appearance; twice the natural size; presenting at mid. post. border two (2) fibrinous (exudation) masses about the size of a chestnut, the superior the larger, the lower presented some pus.

KIDNEYS of natural size and light color.

STOMACH abnormally large.

INTESTINES.—Several mesenteric glands enlarged; the intestinal canal, natural.

RIGHT THIGH, super. 3d. Upon dissecting the tissues they were found to be flabby; otherwise natural; end of femur denuded of periosteum for one (1) inch, and periosteum peeled off readily some distance upwards.

FEMORAL VEIN examined and found occupied at extremity by white elastic thromb two (2) inches long. Examination obscure; no acute inflammation observed.

FEMORAL ARTERY.—A clot five lines long was found from the occlusion to its distal branch; in other respects healthy.

Specimen preserved.

[CASE No. 2.]

HOSPITAL NUMBER }  
30. }

C. B. Kittle, age 32 years, priv. 10th Wisconsin Battery, was admitted to this hospital from Medical Director's office Jan. 10th 1865.

HISTORY.—(ANTE MORTEM.)

DIARRHEA.—Extremely irritable stomach, and pain in the right iliac fossa. Was treated with Turpentine and supporting *measures* with temporary relief.

About the third day after admission he had low fever, with muttering delirium at night; some fine crepitation, not very distinct, was observed over the right lung—*anteriorly*, lower lobe; had slight cough; diarrhea increased, and death ensued on the 17th Jan. *anteriorly*

Reported by

J. G. KELLER,  
A. A. Surg., U. S. Army.

—o—  
POST MORTEM.

Patient emaciated. Right side of chest one-fourth ( $\frac{1}{4}$ ) greater in size anteriorly, than left. In right iliac region, posterior part of caecum, to right of mesenteric band, connecting ascending colon with abdominal wall, adhesions were observed. Upon traction these gave way and revealed a perforation—escape from which had been prevented by them. A small opening was found in the iliac fascia, communicating with division of the iliac and psoas muscles, in which there was a small collection of dark colored, offensive, caseous, puruloid material estimated at two fluid ounces. The extension of this collection was upwards, over crest of the ilium upon the lumbar fascia towards the origin of psoas muscle. The abscess terminated inferiorly in a cul-de-sac in advance of the iliac muscle under iliac fascia opposite anterior inferior spinous process. *adhesions were observed*

**LUNGS.**—Lower lobe right lung hepatized red; posterior third of uppermost lobe same; central portion lower lobe left side same. When this hepatized part of lung substance was broken and pressed, a grayish puruloid fluid was expressed abundantly.

**LIVER** was one fourth ( $\frac{1}{4}$ ) larger than natural and ingested with blood; anterior inferior portion of right lobe presented a region of black congestion. *Congestion*

**KIDNEYS** of pale color, and presented irregular cherry colored congestion inferiorly.

**INFLAMMATORY** spots connected with ulceration and associated with softenings were observed in the large intestines and lower portion of ilium, with great thinning and wasting of the mucous membrane.

**SPLEEN** solid, of natural size, with black congestion on anterior and inferior border. Substance of normal consistence; a little hard.

**BRAIN** normal.

Specimen of caecum and ascending colon preserved.

### [CASE No. 3.]

HOSPITAL NUMBER }  
37.

James York, age 30, Private, Co.—, 13th Ind. Inf. was admitted from Provost Marshal's, Jan 14th; 1865.

### HISTORY.—(ANTE MORTEM.)

Patient walked into hospital, gave his name and regiment, and told how his name was spelt. He presented a somewhat stupid expression of countenance. No history of case could be obtained, except that he had been sick only a short time.

About noon he became restless and crazy; rolling and tossing about in bed and attempting to get up, requiring two men to



restrain him. His eyes were somewhat injected, pupils rather dilated, but responded to the action of light. Pulse frequent and full, but soft.

He could not be made to swallow or utter an articulated word. He appeared to suffer pain in the abdomen, and shrank from pressure, especially over the right iliac fossa.

The *lungs* could not be satisfactorily examined, on account of his extreme restlessness, but no marked abnormal sounds were heard.

Counter-irritation was made at the back of the neck; a terebinthinate injection administered, which was not returned until several hours afterwards. During the night his condition remained about the same; occasionally he was quiet for a few moments, but most of the time, rolling from side to side, and making violent efforts to get up. A sheet was tied across his body to the sides of the bed.

Next morning (Sunday) he was more quiet, and there seemed to be rather more intelligence in the expression of his eyes; sometimes he appeared to partially comprehend a question, and answered it by a nod. His tongue and throat were covered with sordes; his pulse was rather softer and weaker; the pupils natural or a little contracted. Some ecchymosis was observed over his arms, chest, and abdomen, which was ascribed to friction against the sheet tied across him.

About three pints of urine, natural in appearance, were drawn off. He swallowed with great difficulty a little beef essence; beef essence and quinine were ordered per anum; turpentine emulsion, milk punch and beef essence internally. Deglutition was very difficult, but he occasionally swallowed small quantities of fluids. Late in the afternoon he became worse; more heavy and comatose with some stertor in breathing. The power of deglutition was entirely lost. He was quiet during the night, with occasional restlessness. His bowels and bladder were several times involuntarily evacuated. When seen the following morning (Monday) the patient was evidently sinking; the stertor was well marked, with puffing expansion. A number of different sized blotches, resembling purpura hemorrhagica, and some small pinkish spots, were observed over the lower part of the chest and abdomen. Their diagnosis was obscured from the fact that the man during his violent struggle, had for

forty-eight hours, been rubbing his body against the sheet with which he was fastened in bed.

During the day, paralysis of the right side was observed; the man frequently moved the left arm or leg, but never the right. Some contraction of the flexor muscles on the right side had been previously noticed. He sank slowly and died at 3. o'clock A. M., Jan, 18th, 1865.

Case reported by

G. H. DARE;

A. A. Surg., U. S. A.

### POST MORTEM.

12 hours after death.

**BRAIN:**—veins of pia-mater very full of blood; also fine injection of same membrane observed.

Dura-mater was remarkably adherent to the summits of cerebrum, and somewhat congested.

White substance of cerebra three (3) times as full of blood, by estimation, as natural, and of pinkish color on cut surface.

Pia-mater firmly adherent to cerebral surface.

Its covering of arachnoid had lost its transparency. Fluid found in lateral ventricles. Veins of choroid plexus distended. Fluid resembling pus was observed about the pes hippocampus, major, of right side. The lining membrane of posterior horn of right lateral ventricle, much congested, and veins enlarged.

Veins of Velum Interpositum exhibited small fibrinous granules. Third (3d) ventricle contained serum.

Fourth (4th) Ventricle was covered with what was considered plastic exudation, and exhibited small quantities of puruloid fluid; the former so marked as entirely to obscure the usually shining surface.\*

Pineal body presented a gelatinous appearance, and was of three (3) times the natural size, It was preserved.

**Lungs:**—lower lobe, left side, congested intensely, and so filled with products of inflammatory reaction, that a portion one and a half ( $1\frac{1}{2}$ ) inch square, readily sank in water.

Supposed at first to be in the first stage of pneumonitis; this character not established.

Lobulated solidification was observed in lower lobe of right

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\* The serous lining of the ventricles generally was opacified. (Remark made two days after P. M.)



side.—HEART, natural size. Tenacious and well formed, white fibrinous clots observed in both ventricles; that of right side connected with tough, mixed, fibrinous clot in right auricle.

LIVER full of blood; not much enlarged.

GALL.—Bladder full.

SPLEEN, normal size, rather pale externally, in view of liver, lungs and heart.

KIDNEYS, normal size and full of blood, in common with other internal organs.

BLADDER filled. The congestions of the lungs were more allied to an apoplectic condition than a pneumonic. Urine was not examined for albumen.

BLOOD was fluid and of a dark brick red color.†

#### [CASE No. 4.]

HOSPITAL NUMBER }  
2,739. }

John Keul, age 26, Priv. Co, K. 199th Pa. Vols.; was admitted to this Hospital Dec. 2nd, 1864, and died Jan. 23rd, 1865.

#### HISTORY.—(ANTE MORTEM.)

Patient came into Hospital with typhoid symptoms, dry tongue and partial coma. Was placed under the ordinary treatment of Emulsion Terebinth, beef essence and typhoid diet. Chronic diarrhoea supervened, and continued from time to time, until death. His mental faculties were never clear from the time of his admission.

Case reported by

W. G. SMULL,

A. A. Surg., U. S. A.

#### POST MORTEM.

Jan. 23rd 1865, at 3 o'clock, P. M.

Nine hours after death. Slight rigor mortis. Considerable emaciation. Fluid in sac of pericardium, estimated at two oz. Adhesion upper lobe, left lung, about two thirds. Some slight

† Remark made from memory six weeks after autopsy.

adhesions (band) to diaphragm. Blood clotted in the great veins.

**LUNGS.**—Dark color, hypostatically congested. The outer portion of lowest lobe, right lung, was so congested as to be of nearly the specific gravity of water; doughy to feel, yielding, when pressed, bloody serum. Post'r surface, left lung in which the bands were observed, was "cuirassé" \*

**HEART.**—Organ small, contracted upon white fibrinous clots, extending on the right side of heart, from the right auricular appendix through the aur. vent'r. opening, firmly adherent to the two ant. cusps of the tricuspid valves, and sending an arm from these cusps upwards into the pulmonary artery. Opposite the valves of the pulmonary artery, clot-ears were observed. In the left side a clot corresponded firmly adherent to the ant. face of the mitral valve, after issuing from the auricle, and extending by arms into the *aorta*. Opposite, semilunar valves clot ears were observed.

**LIVER.**—Rather small, vessels on surface marked with lines. Organ of solid consistence (hard) with a somewhat wavering border. Color an ash red.

**GALL.**—Bladder contained light colored bile. Over surface of liver there was fine arborescent congestion. Great vessels of organ well marked and strong, and its substance had a decided order.

**SPLEEN,** nearly normal size, a little larger, very dark color; full of blood; tough and presenting no variation in structure.

**BRAIN.**—On opening meninges about an ounce of serum escaped. Yellowish serum present, a drachm, (minimum estimated) in each of the lateral ventricles. Substance of cerebellum had a watery look. The whole brain was flaccid. Demonstration of organs was easy and perfect. There was a small quantity of fluid in the fourth (4th) ventricle. Communication between the ventricles was unusually large.

**INTESTINES.**—Upper part of rectum studded with small ulcers with white tops. Inferior portion of sigmoid flexure presented same appearance; transverse colon exhibited wasting of mucous membrane; right hypochondriac region, along posterior band collection of ulcers; long diameter of individual ulcers transverse;

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\* Meaning, made red tough, fibrous, leathery, somewhat elastic—not easily broken by pressure.

cæcum and ascending colon slightly congested in large spots and mucous membrane wasted. Fine congestion near cæcal valve; congested spot eighteen (18) inches up; such congested spots continued throughout ileum, met with tho. rare in jejunum. Jejunum in upper portion apparently healthy. Spots of apparent softening of mucous membrane were rare; *duodenum* marked with bile.

STOMACH, flaccid; grayish internally.

KIDNEYS, left congested; darkly, inferiorly and externally, this superficially about one eighth inch deep; general congestion of substance of kidney; distinguishing line between the cortical and medullary part indistinctly marked. Right *kidney* presented same appearance, except that the general congestion was of a deeper hue. Urine slightly albuminous.

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[CASE No. 5.]

HOSPITAL NUMBER, }  
2,884. }

John Burke, Private, Co. I, 1st. New York Lincoln Cavalry; aged 23 years. Admitted to this Hospital December 26th, 1864.

HISTORY.—(ANTE MORTEM.)

Patient was unmarried; by occupation, a laborer. Was subject to frequent colds, resulting in obstinate coughs. Patient took a severe cold in October 1864, while on picket duty; was admitted into Regimental Hospital, and afterwards transferred to this Hospital December 26th, 1864. Consumption not hereditary in his family.

December 27th 1864.—Suffers much from cough. Dyspnœa.

Pulse weak, but regular; bowels regular.

Appetite poor. Aphonia, much debilitated.

TREATMENT.—Gave expectorants. Opiates at night; brandy.

December 30th. The lungs were examined to-day.

INSPECTION.—Sternum prominent; the sides of thorax flattened; right side somewhat more than left. Ribs prominent.

PERCUSSION.—“Cracked Pot” sound on upper part of right lung. Dullness below. Upper part of left lung somewhat tympanitic; normal below.



AUSCULTATION.—Tinnitus metallicus on right side, upper part. Gargouillement rattling sounds in upper part of left lung, lower part normal.

DIAGNOSIS.—*Phthisis Pulmonalis*: both lungs affected, particularly the right, a cavern on upper part of right side, probably one also on left side.

Treatment continued.

January 5th, 1865.—No change.

" 10, " Somewhat better to-day. Treatment continued, with addition of Cod liver oil.

January 15th, 1865.—Not so well to-day. Diarrhœa. Cod liver oil discontinued because it nauseated him. Only opiates and stimulants.

January 20th.—Diarrhœa stopped, bloody sputa, becoming weaker. Dyspnœa increased.

January 25th.—Failing rapidly.

" 29th.—Died at 2 o'clock, P. M.

Case reported by

J. G. KELLER,

A. A. Surgeon, U. S. A.

## POST MORTEM,

January 30th, at 3 o'clock P. M.—Height, six feet; body generally well formed; some rigidity.

LUNGS.—Extensive, firm and old pleurisy bands connected the surfaces (opposing) of right pleural sac. None observed on left. Bronchial tubes reddened. Mucous membrane roughened. On right side tubes connected by open mouths of third branch, with a vomica of irregular form, which was excavated in the consolidated substance of all the uppermost lobe, having its walls of a bluish gray color, lightly colored with purploid fluid. No odor.

In middle and lower lobes of right lung a large number of vomicæ, varying in size from one capable of containing a pea, to one of the size of a hickory nut were observed, and were so numerous, indeed, as to make a central cut surface present a honey-comb appearance. Tubercles in all stages, from a miliary tubercle of pearl color, to the broken-down collection in a recent vomica, were observed. Very little of right lung; not

more, in fact, than substance corresponding in quantity with one half mid. lobe was available for purposes of function.

Right lung weighed three and a half pounds, ( $3\frac{1}{2}$  lbs.)

In left side, sup. part, upper lobe, a vomica that would contain a hen's egg was observed, freely connecting with bronchus of one-fourth diameter. In post. part of this lobe and post. part lower lobe, as in right lung, great numbers of small vomica with tubercles (of miliary type) were observed; the stages of these seemed to be more advanced than the stages of those of right side. The large vomica was clean walled and oderless.

The general size of these lungs was that of the lungs two-thirds ( $\frac{2}{3}$ ) inflated.\*

Left lung weighed three pounds and seven ounces (3 lbs 7 oz.)

HEART.—In right auricle a central massive clot was attached to the auricular appendix, and had three arms, one running into either cava, a third connecting with a white fibrinous clot in the right ventricle which was firmly attached to tricuspid valve, connected with the tendinous cords of anterior surface of ventricle and which had an arm extending into pulmonary artery. ear marked opposite valves; bifurcating. In left ventricle a clot connected by a slender band with left auricular appendix, arose from the surface of anterior cusp, extended downward to be firmly attached to borders of ventricle, so that blood coming from auricle passed on the sides of the valves' opening: an arm extended from the ant. portion of the cusp attachment of this clot into the aorta; ear marked opposite valves by slender ear marks indistinct and stretched.

Heart weighed 11 ounces and 7 drachms.

LIVER of firmer texture and well filled with blood, not congested; homogeneous and having a strong peculiar odor.

Liver weighed 4 pounds and 5 ounces.

KIDNEYS rather large, of firm consistence and well developed cortical substance; pelvis somewhat dilated.

Each weighed  $7\frac{1}{2}$  ounces.

SPLEEN.—Small, presenting one spot of superficial black congestion. Weighed  $4\frac{1}{2}$  ounces.

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\* NOTE. Appearances would lead one to suppose that the older disease was on the left side from (1) the darker color of a cut surface, and (2) the more advanced condition of the tubercles; while the existence of a larger vomica and of pleuritic bands bear testimony in this favor for the right side.

INTESTINES.—Duodenum, jejunum (lower part,) and ileum congested in points, probably about the solitary glands. In opening, the gut was easily torn. In upper part of ileum tubercles were seen, yellowish gray, not ulcerated. Peyer's patches tuberculous. Towards the lower part of gut tuberculous matter had softened, and a caseous substance was expressible from some of the little tumors. Spots of ulceration began in transverse *colon* and extended to rectum. Increasing intensity of ulceration towards rectum, varying from single round ulcer slightly raised, of pale color, to a large intensely red, well raised granulating surface. In rectum there was deep purplish congestion with ulceration. Weighed 58½ ounces.

BRAIN.—Nothing unusual observed, except distention of veins in lateral ventricle.

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[CASE No. 6.]

HOSPITAL NUMBER, }  
67.

Jacob Gillman, Private, 18th Wisconsin Volunteers. Admitted for burial January 31st, 1865. Case one of death by R. R. accident. Particulars unknown.

POST MORTEM.

January 31st, 1865, at 3 P. M.

Extensive fracture of back of skull. Fracture observed in the occipital bone, extending from left transverse process, through left arm of occipital cross, to near apex or summit of bone. A line of fracture extended from near centre of post. border of *foramen magnum* half way to Foramen Uerophili, thence at right angles, serrated twice, half inch to left: line of fracture was also seen in mastoid portion of temporal bone. post. portion, proceeding upwards and forwards.

BRAIN.—On opening the meninges a quantity of blood, black and clotted, flowed from both sides.

VEINS of *pia mater* greatly distended and appeared to have given way at post. fourth of supr. borders of cerebra. near attachment of Pacchionian bodies. Blood was seen to issue on right cerebrum, in one of these locations, from an orifice



of a vein (clearly demonstrated,) through the *arachnoid*. Underneath the *arachnoid* an apoplectic spot was observed on surface of right cerebrum near outer termination of fissure of Sylvius. In removing the brain from bony case a clot of blood was observed in front of optic commissure, another clot observed near perforated space to outside of right optic tract just above the commissure. As to substance of brain the puncta were somewhat more numerous than usual. A clot of blood was also observed in antr. part of left lateral ventricle, semi-fluid. Large vessels, chiefly on right side, were observed in floor of fourth (4th) ventricle.

HEART.—White fibrinous clot was observed in right ventricle connected with one in right auricle; an arm of the former extended into pulmonary artery and was marked opposite pulmonary valves with ears. Auricular clot had its origin in auricular appendage; clot easily detached. On left side of heart, left ventricle, clot extending from infr. border of antr. cusp was attached to tendinous cords near apex; divided left ventricle into antr. and postr. chambers.

Heart weighed 10 ounces.

LUNGS.—Left lung intensely congested in postr. portion of postr. lobe, substance was black and friable and detached portions sank in water. When broken up a frothy, blackish fluid was expressed. Right lung, postr. portion, lower lobe congested in a similar manner (as in left side,) less intensely and extensively.

Left lung weighed 29 ounces. Right lung weighed 26½ ounces.

INTESTINES.—Colic glands, somewhat congested. Solitary glands somewhat enlarged; otherwise intestines normal. In stomach (fundus of,) a reticular congestion observed apparently sub-mucous.

NOTE.—No accurate history of this man's injuries could be ascertained, he was, however, living at the time of reception of the order of admission, by the statement of the Officer giving order. So it was evident that he must have lived twelve hours or thereabouts, having been injured the night before, and brought from where the accident occurred to this city, (Baltimore, Md.) The fact of well defined clots having been formed after rupture of veins of pia mater in consequence of contre coup affecting the conglomerate of meninges resulting from the action of the Pacchianian bodies shows that the man did not die instantly.

KIDNEYS.—Of natural size, congested sufficiently to present a bright red hue.

Left kidney weighed 4 ounces and 2 drachms. Right kidney weighed 3 ounces and 2 drachms.

SPLEEN.—Normal; some difference of color in different portions; change supposed to be *post mortem*.

Spleen weighed 6 ounces and 8 drachms.

PANCREAS.—Normal. Weight, 29 pounds and 4 ounces.

### [CASE No. 7.]

HOSPITAL NUMBER, }  
2,797. }

John Jordan, aged 30; Private, Co. II, 173d Regiment New York Vol. Infantry. Admitted December 21st, 1864.

### HISTORY.—(ANTE MORTEM.)

John Jordan, native of Nova Scotia. Extremely weak and emaciated when admitted; unable to move himself in bed; states that he has been suffering with Diarrhœa for two months; tongue dry and thickly coated; bowels moved nearly every hour. On percussion there was slight dullness over the chest posteriorly; skin dry, and presented a yellow color; liver enlarged. Mass. Hyd. given in small doses, with the various vegetable astringents from time to time, with the view of checking the bowels, but with little effect.

January 17th.—Symptoms of Pneumonia observed on the right side of the chest anteriorly; treated by counter irritation and stimulants.

Died from prostration Jany. 21st, 1865.

Case reported by

J. G. KELLER,

A. A. Surgeon, U. S. A.

### POST MORTEM,

Twenty hours after death. Extreme emaciation.

BRAIN.—Light colored, normal. Measured 7 inches; 38½

ounces in weight.

**LUNGS.**—Somewhat small, containing nodules with pus in centre, the largest involving not more than three (3) pulmonary lobules, the smallest, part of one. In the left lung these were remarked unaccompanied by other grave changes of the pulmonary tissue, but in right side accompanied by sporadic tubercles, of which a number were observed of miliary type, and by a serous congestion so intense as to make the pulmonary tissue engorged of the sp. gr. of water. Melanic matter in more than usual quantity was observed on surface, and to pervade parenchyma of both lungs.

**LIVER.**—In removing thoracic viscera such tension was made upon diaphragm as to break up certain adhesions formed between the postr. supr. surface of right lobe of liver corresponding with phrenic surface and make an orifice, out of which pus issued abundantly, of a gray color, odorless, very fluid, which, however, became of such a consistence presently as to escape by original orifice only on pressure. When liver was removed it was found that the left lobe and an homogeneous portion of right was of a pale ash red. Gall bladder quite full; was of a bright yellow color. Inferior portion of right lobe was also ash red in color, except anteriorly, where a bluish black, fibrously veined, superficial substance was observed. The abscess contained, by rough estimate, a quart of pus; had well marked fibrin. walls of firm consistence, and its contents varied from the walls in fluidity; its contents, moreover, were viscid and flaky near the walls: an eighth ( $\frac{1}{8}$ ) of an inch beyond the outer line of abscess wall the substance of the liver was dark red, and appeared to present signs of greatly increased organic action, and scarcely to retain any functional properties. It was thought that the binding together of the diaphragm and liver, in part through the peritoneal fold, indicated a disposition of nature to discharge the pus through the lung.

**SPLEEN.**—Very firm consistence; marked trabeculae; some capsular thickening (general) and generally of a dark watery red color. Length, 6 inches; weight,  $9\frac{1}{2}$  ounces.

**KIDNEYS.**—Somewhat light colored. Length,  $5\frac{1}{2}$  inches; weight, 6 ounces.

**INTESTINES.**—Solitary ulcers in large intestine. In the descending and transverse colon these were circular, a line or two



in diameter, having bottoms of most discolored and dark, of some not discolored, presenting increased number and size in transverse colon; a spot of congestion and superficial ulceration met with in latter; dark bottomed and solitary ulcers, amid slight congestion in lower part ileum; arborescent and finely granulated mucous membrane was generally presented in ileum. Peyer's patches were not diseased; one long spot of arborescent congestion finer than that preceding was observed in upper part of ileum. Lower part of jejunum gas of some kind observed under mucous membrane causing appearances like flocculi of soap-suds; two spots of these flocculi in Peyer's patches, above these flocculi no disease found.

HEART.—Pale and flabby.

HOSPITAL NUMBER, }  
58. }

[CASE No. 8.]

Thomas O. Herring, age 44, Private, Co. E. 91st New York Volunteers. Admitted January 29th, 1865. Died February 2d, 1865.

HISTORY.—(ANTE MORTEM.)

Patient was brought into the Hospital in the evening, after a debauch, suffering from nausea, with some febrile action, for which two doses of Prot. Chlo. Hyd. were prescribed. On the following morning nausea continued with occasional vomiting; medicine acted freely. Slightly restless during the day. Pulse 100,—evening round. Administered 10 gr. Dov. Powder to allay nervous irritability. Following day slightly delirious, administered Valerian and Laudanum. Diet light but nutritious. Patient complained of no pain from the time of his admission to time of death. On the day preceding death ate his meals heartily. About 10 o'clock, P. M., was found moribund and died following morning at 7 o'clock.

Case reported by

W. G. SMULL.

A. A. Surgeon, U. S. A.

## POST MORTEM,

Eight hours after death.

Suggillation in dependent parts; muscular system well developed; rigor mortis.

STOMACH.—Natural size, some thinning of mucous membrane, with spots somewhat arborescent, following lines of mucous folds; chiefly found in fundus; dark red, in part apparently blood extravasations.

RIGHT LUNG.—Healthy, a little leathery posteriorly, lower lobe, and remarkable in not having a middle lobe. Melanic matter following course of ribs.

LEFT LUNG.—Recent adhesions closed the posterior and inferior portions of the left pleural sac and agglutinated the opposed surfaces of the upper and lower lobes of the lung. The inferior lobe was found in second stage of pneumonia, portions sinking readily in water, and yielding when broken and pressed, a puruloid fluid. On a clean section close observation revealed a fine granular appearance.

KIDNEYS.—Of somewhat light color, pyramidal bodies redder than natural, and readily torn in direction of tubular length.

Right Kidney, length 5 inches. Weight  $5\frac{1}{2}$  ounces.

Left kidney, length  $4\frac{3}{4}$  inches. Weight  $6\frac{1}{2}$  ounces.

LIVER.—Organ enlarged, solid, friable, full of blood; pungent hepatic smell. Gall bladder filled with black bile.

Liver, length 10 inches. Weight 4 pounds and 7 ounces.

SPLEEN.—Flexible, nearly black internally, easily broken, yielding upon pressure little or no fluid.

Spleen, length 7 inches. Weight 1 pound and 3 ounces.

PANCREAS.—Normal excepting size.

Pancreas, length 9 inches. Weight  $3\frac{1}{2}$  ounces.

HEART.—Atheromatous spots observed in aorta separated and small; borders of valves were hard, especially of the right and left. A white fibrinous clot strongly marked by ears arose from the anterior cusp, lower border connecting with a free band from the auricle. Clots extended in pulmonary veins partly white and black. A well developed clot arising in the right auricular appendix extending into right ventricle filled its apex, and constituted a species of false septum by which

blood was cast upon mouth of artery. Extending at an angle of forty-five degrees with the long diameter of the body of the clot, a thick clot slightly ear-marked extended into pulmonary artery bifurcating with the same. It was thought that the left ventricle was slightly hypertrophied.

INTESTINES.—Mucous membrane of the ileum slightly thinned.

Peyers patches healthy.

BRAIN.—Pacchionian bodies well developed; union of meninges, so that when the calvarium was removed blood flowed from a torn orifice; surface of substance of brain was of a somewhat red color.

Brain, length antr. postr. diam.,  $7\frac{1}{4}$  inches. Weight, 47 ounces.

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HOSPITAL NUMBER, }  
2,476. }

[CASE No. 9.]

John Garden, age 28, Priv. Co. D, 15th New York Volunteers; admitted Oct. 26th, 1864, from the field. Died February 4th, 1865.

HISTORY.—(ANTE MORTEM.)

Admitted with amputation of mid. 3d of left thigh; operation performed on the field Oct. 19th, 1864. At the time of his admission the femur was protruding an inch beyond the place of amputation. The patient was very anæmic and subject to chronic diarrhœa, more or less profuse, which with the profuse suppuration rendered an operation for the time unadvisable.

On Dec. 30th, the operation of resection was performed by Surg. Z. E. Bliss, U. S. V., with the removal of the femur up nearly to trochanter major. The subsequent result was a slow improvement of the wound for some weeks, when colliquative diarrhœa set in, and the patient sank rapidly until death.

Case reported by

W. G. SMULL,

A. A. Surg., U. S. A.

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POST MORTEM,

Twenty-two hours after death.



Extreme emaciation; slight rigor mortis; no marked sufflation.

**BRAIN.**—Very flexible, normal; about one drachm of limpid serum in each of the lateral ventricles; pia mater readily detached. Pacchionian bodies, numerous and well developed.

Brain, weight 45 ounces.

**LUNGS.**—Crepitant throughout, presenting no nodules of congestion; marked well with melanic matter along courses of ribs.

Right lung weighed  $12\frac{1}{2}$  ounces. Left lung weighed  $8\frac{2}{3}$  ounces.

**LIVER.**—Very flexible, tracts of vessels marked with white lines; of a firm feel; with appreciable lined, or semi-lobulated feel upon firm pressure. The bile secreted was of an amber color and very fluid. Gall Bladder was very full. The color of liver was somewhat dark and faintly mottled. Substance quite tough in breaking by the finger.

Weight of liver, 2 pounds 13 ounces. Length of liver 9 inches.

Supra-renal capsules remarkably firm, and upon section present a sac filled with white matter; a red line varying in intensity of color from within outwards, the outer third and outermost line of a pinkish color; fine lobules observed upon surface.

**LEFT KIDNEY.**—Tubular portion of pyramids contrasting strongly with cortical portion in color; both well filled with blood.

**RIGHT KIDNEY.**—Similar; a little fuller of blood.

Right kidney was 5 inches long and weighed  $6\frac{1}{2}$  ounces.

Left kidney was  $4\frac{3}{4}$  inches long and weighed  $4\frac{1}{2}$  ounces.

**HEART.**—Small but normal. Weighed  $6\frac{1}{2}$  ounces.

**INTESTINES.**—In the colon grayish flakes adhered closely to the surface throughout the sigmoid flexure; descending colon presented fine red-congestion. Light flakes of white material met with in company with deeper congestion in ascending colon. In ileum (lower part) the same flaky spots, very small, however, were observed; apparently some wasting of substance of ileum; fine granulations apparent by reflected light; about half-way up the ileum a black spot was met with in which the gut was readily torn.

**JEJUNUM** healthy.

Weight of intestines,  $3\frac{1}{2}$  pounds.

STOMACH.—Somewhat contracted, and reddened at fundus. Pancreas, weight  $1\frac{1}{2}$  ounces.

Spleen weighed  $8\frac{1}{2}$  ounces and was 6 inches long.

VESSELS.—A clot was found  $2\frac{1}{2}$  inches long in the extremity of femoral artery; vessels apparently in natural state. Conical clot, extending to first small branch, with base uppermost, clot was of a light brownish or pink color. Femoral vein below the profunda became much narrower with thick walls—terminating in thick cord. Internal saphenous vein pointed and corded at extremity; not opened

Anterior crural nerve convoluted, terminating in a large mass of fibrin tissue, almond shape, connected with large fibrin masses in stumps proper. Sciatic nerve slightly clubbed at extremity.

The bone terminated in a rounded bare face (in opposition) ensocketed with fragments of new bone, apparently products of periosteum shreds.

NOTE.—The disease apparent in the liver is thought to be species of cirrhosis, and the death of the patient theoretically attributed to liver defect. That is to say, tissue required materials of plasm that could not be furnished on account of the disorganization of the catalytic plasm former—the liver. An effort at life was manifested in the condition of the osseous tissue of the stump.

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[CASE No. 10.]

HOSPITAL NUMBER, }  
93.

Austin Vacon, Priv. Co. G, 186th New York Volunteers, admitted for burial February 5th, 1865.

POST MORTEM,

Thirty-six hours after death.

BRAIN.—There was a slight opacity of the visceral arachnoid near vertex.

Near origin of auditory nerves upon floor of fourth (4th) ventricle a central line of congestion was observed with lateral spots, clearly marked.

Brain weighed  $53\frac{1}{2}$  ounces.

LUNGS.—Left apparently healthy with the exception of a

lobulated portion consisting of congestions ; portions cut from which were nearly of the specific gravity of water.

On the right side flakes of lymph were observed, some quite extensive, which bound together the opposed surfaces of lobes.

The parietal pleura was thickly covered with a sheet of lymph, so was also the diaphragmatic pleura, but there was little or no effusion of fluid into the sac.

Right lung, lowest lobe, near the centre a mass of black congested lung substance was found, portions of which sank in water, while the greater part was nearly of the same sp. gravity.

Left lung weighed 1 lb.  $\frac{1}{2}$  oz. ; measured  $8\frac{1}{2}$  inches. Right weighed 1 lb, 13 oz. ; measured  $8\frac{1}{2}$  inches.

LIVER.—Presented a light color, was somewhat full of blood and exhibited black congestion on anterior inferior surface.

GALL bladder, light colored, had contents of light color.

The capsule of the liver was easily torn off—outlines of the acini well marked.

Liver weighed 3 lb.  $\frac{1}{2}$  oz. ; measured  $6\frac{1}{2}$  inches.

KIDNEYS.—Right well marked, left same. Outlines of tubular portions well marked. Right weighed 5 oz. ; measured  $4\frac{1}{2}$  inches. Left weighed 5 oz., measured  $4\frac{1}{2}$  inches.

SPLEEN.—Natural size, flexible, black congested internally.

Spleen weighed 5 1-2 oz.; measured 5 1-4 inches.

Heart.—Auriculo-ventricular clot on right side strongly attached to cusps of tricuspid valve and an arm was ear-marked opposite artery valves. Heart weighed 9 oz.; measured 4 inches.

INTESTINES.—Large intestines slightly congested in portions : small ulcers in ileum ; thinning of mucous membrane in upper part of ileum. No other lesion observed,

STOMACH.—Darkly congested.

Pancreas weighed 3 1-2 oz., measured 6 inches. Normal.



### [CASE No. 11.]

HOSPITAL NUMBER, }  
94. }

Admitted for burial, (name unknown,) Feb. 4, 1865.

## POST MORTEM,

Thirty-six hours after death.

Body of very good form and well proportioned. On opening the thorax a great deal of serum was observed in the serous sacs. The mesenteric glands were enlarged. The supra renal capsules were well developed and markedly sacculated.

BRAIN.—Slightly marked with the paccionian bodies; the surface of the ash-colored brain matter much lighter than usual; of natural consistence. The lining membrane of the 4th ventricle near nib of calamus scriptorius was somewhat rough to the feel and slightly discolored, (red.)

LUNGS.—Healthy. Watery infiltration and partial discoloration in the posterior surface of right lung; similar condition in the left lung, only one a little more advanced. Left lung weighed 1 lb. 12 oz.; measured 8 inches. Right lung weighed 1 lb. 8 oz.; measured  $8\frac{3}{4}$  inches.

LIVER.—Enlarged; friable; of violet color; black congestion on inferior surface. Liver weighed 4 lb. 13 oz.; measured 10 inches.

KIDNEYS.—Similar in color to liver, with black congestion in the dependent portions. Upon pressure a serous fluid was effused from portions of the kidneys. Right kidney weighed  $8\frac{1}{2}$  oz.; measured 5 inches. Left kidney weighed  $9\frac{1}{2}$  oz.; measured 5 inches.

HEART.—Somewhat loaded with fat externally, and containing small white clots, one extending free from right auricular appendix, the other extending free from the apex of right ventricle, another extending free from the anterior cusp of the bicuspid valve. Heart weighed  $11\frac{1}{2}$  oz.

Spleen weighed 3 1-2 oz.; measured 5 1-2 inches.

INTESTINES.—Great thinning and softening of mucous membrane of jejunum and ileum, detachment upon touch. Mucous membrane blackened (cadaveric?) from stomach to caecum. Peyer's patches also dark, with black points and small oval ulcers; a lower Peyer's patch clearly ulcerated, and from this down these patches were ulcerated. Near caecum oval ulcers appeared again, deep in midst of blackness and softening. Except softening of mucous membrane, blackish and probably cadaveric, no other lesions observed in large intestines.



## [CASE No. 12.]

HOSPITAL NUMBER, }  
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Chancey James, Co. D, 6th New York Heavy Artillery, admitted for burial.

## POST MORTEM,

Thirty-six hours after death.

**BRAIN.**—Pacchionian bodies quite large. Pia mater detached with difficulty. Substance firm, color natural. Arachnoid natural. When meninges were opened about a half ounce of serum flowed. The lining membranes of lateral ventricles had a leathery feel.

Brain weighed 47 oz, measured 7 1-2 inches.

**LUNGS.**—Normal. Some infiltration in posterior portion of left, supposed to be cadaveric.

Right lung weighed 18 1-2 oz., measured 9 inches. Left weighed 15 1-2 oz., measured 8 inches.

**HEART.**—Left ventricle somewhat enlarged; no heart clots found. Weighed 6 1-2 oz., measured 3 inches.

**LIVER.**—Somewhat large; universally black; friable—strong liver smell.

**GALL.**—Bladder of light color, filled with amber colored bile.

Liver weighed 2 lb. 13 oz., measured 9 1-2 inches.

**SPLEEN.**—Large (thick) and of similar color to liver; flexible, soft, uniformly colored. Weighed 15 1-2 oz., measured 6 1-2 inches.

**KIDNEYS.**—Right of a brick red hue internally; little difference in color between cortical and tubular portions. Marked black congestion inferiorly about a line in thickness.

Left kidney similar to right.

**PANCREAS.**—Normal. Weighed 2 1-2 oz., measured 7  $\frac{3}{4}$  inches.

**INTESTINES.**—Mucous folds in large intestines somewhat reddened; no ulcers observed nor wasting of mucous membrane. Congestion in the lower part of the ileum above which the gut becomes yellow; mucous membrane thinned near the upper portion of the ileum, congestion again met with in the form of a small collection of blood spots, apparently effusions, underneath

the mucous membrane. Above the first region of congestion similar spots were observed along the lines of mucous folds and clustered around small patches of Peyer, above these again a darkly congested region was observed with similar blood effusions along the mucous folds, and still higher tendency again observed to effusions of blood along mucous folds.

In Jejunum (lower part of,) similar congestion met with; effusion more general. Ascending still, these congestions were met with as far up as the middle of jejunum—to be met with again, strikingly marked, with dark red spots of blood effusion in the valvulae conniventes—disappearing again—again to appear with less intensity, but more extensively; toward upper part of jejunum met with again in form of a general congestion.

. Duodenal glands plainly felt.

Stomach of a light pink color near pyloric extremity with grayish mucous membrane not easily detached. In fundus and anterior portion of stomach pink color not so well marked, but very well marked in posterior superior portion. Organ somewhat enlarged.

### [CASE NO 13.]

HOSPITAL NUMBER, }  
74. }

James Simonds, age 39, Priv. Co. A, 3d New Hampshire Vols.; admitted February 2d, 1865, and died February 7th, 1865.

### HISTORY.—(ANTE MORTEM.)

Patient was admitted with marked evidence of the first stage of pneumonia in left lung, extending nearly over its entire surface. The respiratory murmur was finely crepitant.

Crepitation became more crude on the evening of February 6th. Symptoms of Laryngeal inflammation set in succeeded by those of œdema of glottis, which continued until Laryngotomy was deemed essential which was accordingly performed by the Surgeon in Charge. The patient died about twelve hours afterward.

Case reported by

W. G. SMULL,

A. A. Surg., U. S. A.

*James Simonds  
Laryngotomy  
Feb 6th 1865*

[NOTE BY GEORGE M. MCGILL.]

When the operation was performed the patient was apparently dying. The respiration was excessively labored and ineffective. A blue color pervaded the surface--the pupils were sublated and the extremities cold.

The operation was extremely simple---performed by a straight incision. After entrance between the thyroid and cricoid cartilages was effected, it was maintained by a gutta percha tube---finally, to make the breathing very easy, by two gutta percha tubes.

As soon as the operation was performed all breathing by the glottis ceased, except a little valvular sough. Warmth returned to the extremities and a faint color appeared in the face. But the pneumonic prostration was too great to permit life.

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### POST MORTEM.

Ten hours after death.

BRAIN.—Normal. Weighed 49 oz., measured 7 inches.

HEART.—Loaded with fat externally, the mass of this lying opposite the anterior border of the right ventricle and posterior border of the same and along the auriculo-ventricular lines. Heart clot arising in the right auricular appendix extending through tricuspid valve communicated with septum clot, binding anterior cusp to apex of ventricle.

From its origin in tricuspid valve and anterior portion of right ventricle an arm extended into pulmonary artery ear-marked opposite pulmonary valves.

Left ventricle clot extended from anterior cusp into aorta ear-marked opposite valves—same communicated with an auricular clot from pulmonary veins. Heart weighed 7 1-2 ounces. Measured 4  $\frac{1}{4}$  inches.

LUNGS.—Upper part of right lung (otherwise healthy) contained numerous hard black granules, section of which presented a white centre; one or two masses were large as peas, even these were surrounded by unirritated pulmonary tissue. The left lung, both upper and lower lobes except the very anterior portion of lower lobe, was solidified in second stage of pneumonia. Substance was friable, easily separated from pleura, presenting on a cut or torn surface a fine granular appearance, yielding upon expression a grayish fluid and readily sinking when thrown into water.

The left pleural sac was inflamed throughout, thick masses of lymph observed anteriorly and inferiorly. Right lung weighed

1 lb 5 oz., measured  $8\frac{3}{4}$  inches. Left lung weighed 3 lb 10 oz., measured 9 1-2 inches.

**SPLEEN.**—Had the color of liver, perhaps a little lighter, very flexible and easily broken down. Weighed 10 oz., measured 5 1-2 inches.

**PANCREAS.**—Normal. Weighed 3 oz., measured 8 inches.

**KIDNEYS.**—Right weighed 6 oz., measured 5 inches. Left weighed 7 1-2 oz., measured 5 1-2 inches.

Supra-renal capsules enlarged, hardened and their sac filled with a bloody fluid. The capsule of the right kidney was torn off with difficulty, substance underneath it granulated in appearance, of light gray color mixed with red externally. Tubular portion of a dull red color. Left kidney similar in all respects to the right—perhaps a little fuller of blood.

**LIVER.**—Enlarged, of a rather light brown color, capsule easily detached, granulated appearance very plain.

Substance containing little blood and very friable. Weighed  $4\frac{3}{4}$  lbs., measured 10 inches.

**INTESTINES.**—Black spots observed in rectum. Colon somewhat congested in ascending part and in caecum; upper part of jejunum of a very light color; some congestion of mucous membrane of fundus of stomach.

Great œdema of glottis observed—meaning by this a light colored swelling which so distended the borders of the opening into the air passages as to close them in natural situation almost perfectly.

No disease except a universal reddening was observed in the larynx and trachea below the vocal membranes. Just about the entrance of the tubes a bloody plug of mucous was observed, which could have however exerted no influence in causing death.

Bronchial glands enlarged and blackened. The blackening not universal. Tissue of these glands friable and readily breaking with a pulpy mass of a grayish or blackish color.

#### [CASE No. 14.]

HOSPITAL NUMBER, }  
96.

George P. Thomas, age 26, Priv. Co. G, 43d Ohio Vols., was admitted to this Hospital on the ground of humanity, February 4th, 1865, and died February 12th, 1865.



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### HISTORY.—(ANTE MORTEM.)

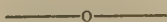
Patient came in with the measles; eruption well defined. Was treated with febrifuge medicines and in a few days the eruption had almost entirely disappeared.

Symptoms of Typhoid fever manifested themselves two days before his death from which the patient gradually sank.

Case reported by

W. G. SMULL,

A. A. Surgeon, U. S. A.



### POST MORTEM.

**BRAIN.**—Normal. Pacchionian bodies somewhat adherent. Weighed 56 oz., measured  $7\frac{1}{2}$  inches.

**LUNGS.**—Congested posteriorly. Nodulated inflammations were observed, sections from substance implicated in which, sank in water. Miliary tubercles in great numbers filled the posterior portion of the lungs and were more numerous in the lower portions of the same. Right lung weighed 37 oz., measured 10 inches. Left weighed 35 oz., measured 15 inches.

**HEART.**—Auriculo-ventricular clot in right side, arising in the auricular appendix, extended into ventricle. In left ventricle clot arising by delicate attachment from anterior cusp, extended into aorta. Heart weighed 13 oz.; measured 5 inches.

**LIVER.**—Weighed 66 oz., measured 14 1-2 inches.

**SPLEEN.**—Rather small and blackened internally. Miliary tubercles found in this organ also. Weighed 6 oz., measured  $4\frac{1}{2}$  inches.

**PANCREAS.**—Normal. Weighed  $3\frac{1}{2}$  oz., measured 7 inches.

**KIDNEYS.**—Somewhat enlarged; much lobulated, especially the left, so that the capsule was so attached in the lobular interstices as to be with difficulty torn off. Each kidney weighed 8 oz.; measured 5 inches.

**INTESTINES.**—Congestion of rectum; reddening of transverse and descending colon. No ulcers observed; darkening and tumescence of first Peyer's patch met with in ascending the small intestines. In the ileum small raised points were observed hard to the feel; Peyer's patches generally tumid and

dark; deeply congested mucous folds observed half way up the ileum. Above these a long Peyer's patch enlarged and reddened was situated in the midst of another congested region, above this again congestion was deep and extensive. When well among the *valvulae conniventes* amidst another congested region a structure resembling a patch of Peyer, enlarged as similar patches of the ileum were, a foot in length, was observed.

STOMACH.—Small (contracted.) Mucous membrane thrown into great folds and somewhat congested. Intestines weighed 4 lb. 14½ oz.

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[CASE No. 15.]

HOSPITAL NUMBER, }  
154. }

Joseph Bryner, age 19, Priv. Co: E, 88th Penna. Vols.; admitted from City Point, February 11th, 1865.

HISTORY.—(ANTE MORTEM.)

Patient came in delirious; pulse 120; could give no connected account of his history; stated that the ball was extracted at the place of entrance. Abdomen tumid and excessively tender could not bear pressure. States that his appetite was good and that his functions were regular. His delirium in 24 hours assumed a low muttering form from which he did not rally. Died, February 13th, 1865.

Case reported by

W. G. SMULL,  
A. A. Surg., U. S. A.

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POST MORTEM,

Twelve hours after death.

On making the incision opening thorax and abdomen, bladder was punctured in the pre-peritoneal space and a large quantity of urine flowed out.

Blood fluid. In the auscultatory examination just before death dullness of percussion was observed in the right side

posteriorly with bronchial respiration, but nothing but the subcrepitant rale was heard over the whole surface of the left lung and anterior surface of the right. The orifice of entrance of ball was at the junction of a line drawn from the anterior superior spinous process perpendicular to one drawn horizontally from pubis.

Right hip joint opened; head of bone fractured; ball lodged with stellate fracture in anterior hemisphere of head. Fracture of four rays—two horizontal rays and one perpendicular. The leaden surface of the missile was observed at bottom of bone wound. Joint occupied with a reddish consistent puruloid fluid. Synovial surface generally reddened or blackened with a dull or granulated surface; offensive smell about the ligamentum teres, the attachment of which to caput was blackened. Specimen preserved for transmiss. to the Surg. Gen.

LUNGS.—Right lung posterior portion of uppermost lobe was nearly of blood color; of smooth section, though of greater sp. gr. than water; not friable but leathery in consistence, very flexible and elastic; upon section it was observed that bronchial tubes of minute calibre had a pointed feel, while the adjacent bloodvessels were large and patulous: this morbid structure was merged, islanded as it were, in comparatively healthy pulmonary tissue.

NOTE.—A similar description to that given would apply to what has frequently been observed to exist, in isolated lobules or lines of lobules in posterior surfaces of lungs of patients dying of no pulmonary disease; and the condition is theoretically ascribed to an organic engorgement or tissue-proper inflammation distinct from the air cell fibrinous inflammation and exudation held to exist in what is ordinarily called pneumonia.

Lobules in color, consistence, and general qualities resembling the mass described in posterior portion of uppermost lobe were observed in posterior portion of lowest lobe of right lung. In a collection of such at upper back portion of this lobe the outlines of the pulmonary lobules were very clearly defined.

Posterior portion of lower lobe of left lung a stratum of pulmonary substance of this character, (that observed in right lung,) which may well be called carnification, two layers of lobules deep, was observed. Right lung weighed  $28\frac{1}{2}$  oz.; measured 11 inches. Left lung weighed  $15\frac{1}{2}$  oz.; measured  $8\frac{1}{2}$  inches.

KIDNEYS.—Normal,

**LIVER.**—Light color; friable; capsule of it readily torn off; acini conspicuous on a torn surface; organ somewhat mottled superficially. Weighed 5 lbs. 11 oz.; measured 12 inches.

**HEART.**—Open septum between auricles, (specimen preserved;) large yellow fibrinous clot in right auricle communicating with a clot in right ventricle. The latter clot enveloping the tendinous cords and the right anterior cusp extended in a sheet to the apex and was there attached to the muscular *pectinati*. The same pyramidal clot gave rise by the left angle of its base to a pyramidal clot which arched over the smooth surface leading to the pulmonary valves and extended, ribbon-like, into the pulmonary artery with distinct ear marks opposite valves. Substance of right ventricle somewhat thickened and loaded with fat externally about the vessels and in vicinity of the auriculo-ventricular line.

Left auricle, small ribbon-like clot joining a left vent. clot, extending from anterior cusp of mitral valve to apex formed a solid acute angle of pyramidal planes, leaving a sinus opening to the left, from attachment of the right borders.\*

A clot arm arose from the anterior cusp of bicuspid valve, and extended into the aorta; ear marked by the valves; substance of left ventricle thickened, as was the substance of the auricles. Heart weighed  $15\frac{1}{2}$  oz.

**BRAIN.**—Scrum found in lateral ventricles, half an ounce in each, (estimated;) on floor of fourth ventricle a star-shaped congestion was observed on the right side, about the origin of the auditory nerves. Congested vessels were distributed on floor of fourth ventricle, chiefly on right side; a rough feeling at nib of calamus scriptorius. Brain of firm consistence; pia mater readily detached; visceral arachnoid somewhat opacified in certain localities, and under this opacity the pia mater was detached with more difficulty. Pacchionian bodies very well marked. Below origin of auditory nerves lines of congestion converging to nib were observed. Weighed 3 lbs. 7 oz.; measured  $8\frac{1}{4}$  inches.

**INTESTINES.**—Normal throughout.

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\* The blood that came from the auricle was reflected in the ventricle from this remarkable angle, being thrown upon the left superior angle of that cavity.



STOMACH.—Internally ingested along the longitudinal mucous folds.

Intestines weighed 4 lbs. 3 oz.

Spleen weighed  $13\frac{1}{2}$  oz.; measured 5 inches.

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[CASE No. 16.]

HOSPITAL NUMBER, }  
175. }

John W. Tucker, Priv. Co. A, 4th U. S. C. T. Admitted for burial Feb. 13th 1865.

POST MORTEM,

Number of hours after death unknown.

Such disease of the pleura as united opposed surfaces; lung substance friable posteriorly on the right side, somewhat leathery on the left crepiating in the latter, and filled with miliary tubercles. Lung substance torn in removal of organs from chest. Right Lung weighed 1 lb. 3 oz.; measured 7 inches. Left Lung weighed 1 lb. 2 oz.; measured  $7\frac{1}{2}$  inches; sac of pericardium contained 23 fluid ounces of serum. Upon the parietal and visceral surfaces pericardium presented numerous patches granulated; and in the sac, clusters of granules, one-tenth of a line in diameter, of the size of an apple, were met with free. No clots in heart. Miliary tubercles in the spleen and liver; weight of spleen  $13\frac{1}{2}$  oz.; organ measured 6 inches.

KIDNEYS.—Normal. Right kidney weighed  $6\frac{3}{4}$  oz.; measured 5 inches. Left weighed 7 oz.; measured 5 inches. Tubercles observed in the peritoneum. Tuberculous mass found in white substance of anterior lobe of right cerebrum,  $\frac{3}{4}$  of an inch in diameter. Specimen preserved; No. 16. Mass of tubercles in bronchial glands. Pancreas weighed 4 oz.

INTESTINES.—No ulcers found in intestines, and no abnormal appearance observed; this whole tract was carefully examined. Mucous membrane slightly thinned. Intestines weighed 7 lbs. 1 oz. Mesenteric glands not greatly enlarged, nor were they observed to be tuberculous. Liver weighed 4 lbs. 11 oz.; measured 10 inches.

Patient emaciated, feet, legs, and face, swollen; large abscess on neck, left side.

## [CASE NO 17.]

HOSPITAL NUMBER, }

A Rebel. Name unknown. Age supposed to be about thirty.  
Admitted for burial.

## POST MORTEM,

Number of hours after death unknown.

Height, 5 feet 11 inches. Body a little emaciated. Blood fluid.

LUNGS.—In lowest lobe, right lung, red hepatization with gray merging into it. Red and gray hepatization in middle lobe such as to present a mottled appearance upon section. Some fibrin formed in pleural sac, recent. About eight (8) ounces of serous fluid found in right pleural sac. Right lung weighed 4 lbs. 8½ oz.; measured 10½ inches. Left weighed 1 lb 12½ oz.; measured 10½ inches.

HEART.—Large, with black and yellow clots following the usual arrangement. Cusps of the tricuspid valve were closely bound together. Heart weighed 14½ oz.; measured 4 inches.

BRAIN.—Serum found in the lateral ventricles. The posterior horns extended unusually far back. Brain weighed 49 oz.; measured 7½ inches.

LIVER.—Of firm consistence presenting black bile in the bladder. Liver weighed 3 lbs. 10½ oz.; measured 9½ inches.

SPLEEN.—Natural size and firm. Weighed 7 1-2 oz.; measured 6 inches.

KIDNEYS.—Markedly lobulated. Right weighed 7 1-2 oz.; measured 5 inches. Left 8 1-2 oz.; measured 5¾ inches.

Pancreas weighed 3 oz.; measured 8 inches.

STOMACH.—Large; fundus congested. Duodenum congested; so was also the upper part of jejunum also the lower part of same. Mucous membrane thinned in small intestines. No ulcers observed nor any striking abnormality.

## [CASE No. 18.]

HOSPITAL NUMBER, }

A Rebel. Name and age unknown. Admitted for burial.

## POST MORTEM.

No of hours after death unknown.

A part of the upper portion of the right cerebrum was retained as illustrative of a morbid process in the pia mater, by which itself with the arachnoid and dura mater were bound together in a remarkable manner. The whole brain in this case was very full of blood, of a firm consistence and presented such an effusion of serum under the pia mater and in the ventricles as sustained the opinion that immediate cause of death was serous apoplexy.

Cerebellum was not so full of blood as cerebrum; consistence of latter firmer; color natural. The arachnoid membrane seemed to be opacified. Weight of brain 3lbs. measured 7 1-2 inches.

On the anterior portion of the lower lobe of the left lung, a large number of isolated lobules were found in a consolidated or pneumonified condition, so as to sink when separated and cast into water, and to break up under the finger as ordinary pneumonified pulmonary tissues. Right lung weighed 2 lbs. 5 1/4 oz.; measured 10 inches. Left weighed 1 lb. 13 oz.; measured 9 1/2 inches.

LIVER.—Large and pale, weighed 4 lbs. 7 oz.; measured 11 inches.

HEART.—Black clots with ear marks found. Weighed 8 1-2 oz.; measured 4 inches.

SPLEEN.—Normal. Weighed 7 oz.; measured 9 inches.

KIDNEYS.—Normal. Right weighed 6 1-2 oz.; measured 5 inches. Left weighed 6 1-2 oz.; measured 6 1-2 inches.

## [CASE NO. 19.]

HOSPITAL NUMBER, }  
208. }

Orlando Jones, Priy. Co. C, 81st Penna. Vols; Died Feb. 17th 1865,

### HISTORY.—(ANTE MORTEM.)

The patient was admitted Feb. 16th. in a state of partial coma; extreme palor with gurgling respiration, pupils much dilated. He could give no rational account of his previous history. Counter-irritation was applied to the back of the neck and revulsives by the usual means. In about six hours he was able to speak and stated that he had been sick only a few days. There was slight tenderness in pressure in right iliac fossa, attended with retention of urine, about 24 oz. of urine drawn off by catheterization. Evacuation by the bowels free. On the following morning the patient was more conscious; respiration similar to that mentioned above, with involuntary expectoration of frothy mucus. There was slight dullness inferiorly and posteriorly of both lungs, also loud ronchus in both lungs anteriorly and posteriorly. Pupils still dilated. Palor increased. Tongue somewhat dry so far as examination could be conducted.

The liver was found of normal size. Pulse being feeble and the patients vital powers becoming exhausted, and his condition being almost moribund no farther examination was at that time instituted. Catheterization was again performed on the morning of the patients death, and some 20 oz. of urine were drawn off.

Case reported by

W. G. SMULL,

A. A. Surg., U. S. A.

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### POST MORTEM,

Three hours after death.

Body in good condition. Form good and muscular system well developed. Blood fluid throughout.

BRAIN.—Of firm consistence, somewhat full of blood, partial reddening of the floor of the fourth ventricle was observed.

Weight of Brain 46 oz.; measurement 7 inches.

LUNGS.—Slight hypostatic congestion in the posterior portion lower lobe, left lung; when this lobe was cut into, spots of intense congestion were observed along the tracts of the bronchial tubes of about  $\frac{1}{8}$  calibre. Melanic matter existed in such abun-



dance upon the surface of the lung as to give to the whole organ superficially a black appearance. Weight of right lung 1 lb. measurement  $9\frac{1}{2}$  inches. Left 1 lb. 5 oz.; measurement  $9\frac{1}{2}$  inches; small clots observed in the heart, these evidently, mainly post mortem. Weight of heart  $9\frac{1}{2}$  oz.; measurement 5 inches.

**BRAIN.**—The Pacchionean bodies, resembling in appearance and physical characteristics recently thrown out fibrin, in great number, were found on the summits of the cerebra.

Serum was observed in small quantities in the ventricles. The veins of the pia mater were quite full. Weight of brain 46 oz.; measurement 7 inches.

**LIVER.**—Of dark color, having very black bile in the gall bladder, more solid than natural, marked with fibrinous lines along the tracts of the vessels. Weight 3 lbs 13 oz.; measured  $11\frac{1}{2}$  inches.

**INTESTINES.**—Canal somewhat reddened in jejunum and ileum.

**SPLEEN.**—Apparently normal. Weight 7 oz.; measured  $6\frac{1}{4}$  inches.

**KIDNEYS.**—Somewhat full of blood; urine healthy. Supra renal capsules somewhat enlarged and quite firm. Weight 1 oz.; measured  $2\frac{1}{4}$  inches.

**PANCREAS.**—Normal. Weight 4 oz.; measured  $8\frac{1}{2}$  inches.

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### {CASE No. 20.}

HOSPITAL NUMBER, }  
133. }

John H. Thomas, age 22 years. Private, Co. I. 32nd Mass. Was admitted Feb. 11th, was wounded at Hatchers Run by a minie ball, which entered the left shoulder to the left of and somewhat above coracoid process, passed obliquely through and was extracted according to his own statement one inch to the left of the spinal column, near the 8th dorsal spinous process. Died Feb. 17th, at 8 o'clock P M.

### HISTORY.—(ANTE MORTEM.)

Patient was admitted much enfeebled and unable to sit in an upright position or to lie down. A large amount of grumous offensive matter discharged in great profusion from the posterior opening. Respiration was partly performed through the same

orifice. Patient continually suffered from irritative fever with deficient appetite, all efforts to arouse his vital powers failed until he died.

Case reported by

W. G. SMULL,

A. A. Surgeon, U. S. A.

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### POST MORTEM.

Held at 4 P. M. February 18th 1865,

Body of good form, no rigidity of muscles notable.

**INTESTINES.**—In the rectum a large number of areolated black points were observed; the same were observed throughout the larger intestine: The large intestine was hyperæmic arborescently, in spots, in which as a rule it was somewhat thinned. Mucous membrane of ileum somewhat thinned and congested; black points still observed and seen in Peyers patches. Mucous membrane readily washed away in the upper part of the ileum. The jejunum somewhat blackened in the middle portion; in the upper part the congestion became intense, then a lighter color was presented and then again a dark color. The upper part of the jejunum was of a light color. Weight 3 lbs. 12 oz.

**STOMACH.**—Mottled about the fundus, regionally hyperæmic and small. Supra renal capsules firm and well developed.

**BRAIN.**—Normal in every respect. Weight 47 oz. Medulla oblongata was well developed and of firm consistence; at the nib of calamus, there was a granulated appearance and feel, Measurement  $7\frac{3}{4}$  inches.

**LUNGS.**—The ball entered to the left and somewhat above the coracoid process passed downwards, inwards, and backwards, breaking the third rib near the middle and in exit fracturing the 7th rib near the angle; penetrating in its course, the left lung from before, backwards, and without inwards, entering the superior lobe and leaving the inferior lobe. Right lung weighed 1 lb. 7 oz.; measured  $8\frac{1}{2}$  inches. Left weighed 1 lb. 4 oz.; measured  $6\frac{1}{2}$  inches.

The lung was cuirassed; compressed upon its root and upon the superior anterior surface; adhesions, which had formed between the visceral and parietal pleural in the form of a ring

about the related entrance and exit of the missile, anteriorly, to and from the sac of the pleura; and which had been interfered with by effusion and action in the pleural sac associated with compression of the lung upon its root, were partly ruptured. This rupture involved  $\frac{1}{3}$  inferior posterior portion of the defining ring of adhesions.\*—The same collapse of the lung separated the whole of the posterior ring of adhesions, the remains of which were traceable; so that discharges from the wounded lung were poured into the pleural sac freely, discharges at least, as great in quantity as those coming from an external wound; one for instance of a fleshy part of the thigh. Lung does not sink in water though nearly of the same specific gravity when immersed as a whole.

The opposed surfaces between the lobes about course of the missile, were thoroughly united. A large quantity of black fluid, about 20 fl. ounces, of strong odor of sulphuretted Hydrogen, and gas were found upon opening sac of pleura. Portions of sac of left side not secluded by defining lines were thickly covered with granulated fibrin of a blackish gray color; and the membrane of sac was thick. It was about half a line in diameter.

The whole left lung had a black appearance mottled with closely adherent layers of fibrinous matter. Right lung and pleural sac occluded by very numerous fibrinous bands, especially posteriorly, so that in removing the organ the lower portion of the lowest lobe was torn. The substance of the lung of the torn lobe was tough, though broken on firm pressure; crepitant, full of blood, and of a dark color. Detached portions floated in water, but were so nearly of the same specific gravity, as to remain sometime under it when plunged in.

Anterior portion of the middle lobe was in the same condition, while the uppermost lobe was nearly healthy, although modally affected as the lowest, that is, was what we have termed "Cuirassed." Specimen of wounded lung preserved.

HEART.—Fibrinous clots ear-marked opposite the pulmonary valves; thicker and whiter on the right side; connected with auricular appendices.

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\*—The ring itself as observed in its remains was appreciably raised from the pleural surface; sharply defined upon its outer aspect, and of a dark red color.

White clots attached to the tendinous cords and cusps of valves and originating much in the manner described in other cases were found to exist. There was, however, no communicating band running from the anterior cusp of mitral valve to apex of the ventricle; but this band is very frequently absent. Heart weighed 12 oz.; measured 5 inches.

KIDNEYS.—Normal. Right, 6 oz.; measured  $4\frac{1}{2}$  inches. Left weighed 7 oz.; measured 4 1-2 inches.

PANCREAS.—Hard, tough, and decidedly enlarged; weighed 3 1-2 oz.; measured 8 inches.

SPLEEN.—Flexible; discolored inferiorly; easily crushed, having its substance of a brick red color; weighed 6 oz.; measured 6 inches.

LIVER.—Large; somewhat mottled; friable; somewhat blackened on inferior surface, having bile of a brown color; weight 6 lb.; measured 10 1-2 inches.

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[CASE No. 21.]

HOSPITAL NUMBER, }  
168. }

Francis Robinson, a rebel deserter, of Ashville, North Carolina; age unknown; admitted Feb. 11th, 1865, and died Feb. 18th, 1865.

HISTORY.—(ANTE MORTEM.)

Francis Robinson, admitted with every symptom of Typhoid Pneumonia; pulse 120 and thread like; tongue dark and cracked; skin dry, and pungent odor characteristic of typhoid condition.

Auscultation showed the left lung solidified throughout nearly its entire extent; friction sound manifest in like degree. All applications to the chest produced no effect. Patient failed to rally under treatment, which was stimulating, and tonic and died after being unconscious to all impressions for nearly two days.

Case reported by

W. G. SMULL,  
A. A. Surg., U. S. A.



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## POST MORTEM,

Fourteen hours after death.

Body somewhat emaciated; slight rigor mortis; surface marked on side of chest by blister applied before death. About eighteen (18) fluid ounces of amber colored serum, possessing slight odor were found in the left pleural sac.

**BRAIN.**—Organ very flexible; of an exsanguine color, having fluid in the arachnoid, more than an ounce, and a little in the lateral ventricles. This organ was remarkable further for having an unusually broad and short middle commissure in the third ventricle and a small pineal body. Brain weighed 51 oz., measured  $7\frac{1}{2}$  inches.

**LUNGS.**—A sheet of fibrinous matter overspread the surface of the left lung in great part, and this, when thoracic organs were lifted out, adhered to the parietal pleura. The lower lobe of left lung of natural size, was found solid, mottled red and gray. Upon section, substance of the same lobe presented a finely granulated appearance, the same as has been previously observed in pneumonic cases. This substance was very firm; friable, or granulating under firm pressure, and it did not yield a puruloid fluid, but rather a bloody serum on pressure. It was also elastic, and upon cross section mottled with organically congested regions or blood colored spots varied in character and extent from some red spots observed in cross section of comparatively healthy pulmonary tissue. The latter appeared to follow and be determined by the course of vessels and bronchial tubes, while the former appeared formed by an effusion of blood. The upper lobe was contracted and driven towards summit of the thorax and inwards towards root of the lung by effusion of serum and lymph. Right lung normal. Some seroid fluid in the right pleural sac; little melanic matter found on surfaces of lungs. Right lung weighed 12 oz.; measured 8 inches. Left weighed 15 oz.; measured 8 inches.

**HEART.**—In the left ventricle a large black clot was found extending into the aorta ear-marked opposite similunar valves. The clot was readily broken up and quite elastic.

A mixed clot, black and light colored, was observed in the right ventricle. A light colored clot arose in the right auricular

appendix and connected with this by the inside of right cusp. Also a light colored clot arose in the left auricle and connected with the clot observed in left ventricle. Auricle septum imperforate. Heart weighed 12 oz.; measured  $4\frac{1}{2}$  inches

LIVER.—Somewhat mottled superficially, thin capsuled, friable and quite full of blood which flowed readily upon pressure. Bile amber colored and murky. Liver weighed 4 lbs. measured 10 inches.

INTESTINES.—Lines of congestion along the longitudinal mucous folds of the stomach. Two congested and discolored regions in the upper part of jejunum. Solitary glands of the ileum somewhat enlarged and reddened; aside from spots of congestion, enlarged solitary glands and local thinnings of the mucous membrane, the condition of the intestines was regarded as normal.

Intestines weighed 4 lbs. 8 oz.

KIDNEYS.—Normal. Right weighed  $5\frac{1}{2}$  oz.; measured  $7\frac{1}{4}$  inches. Left weighed 6 oz.; measured  $5\frac{1}{4}$  inches.

PANCREAS.—Normal. Weighed 3 oz.; measured  $7\frac{1}{4}$  inches.

SPLEEN.—Somewhat discolored on its anterior and inferior border; very flexible; easily broken into a pulp, and breaking with a crepitating sound with the capsule on. Weighed 7 oz.; measured 6 in.



### [CASE No. 22.]

HOSPITAL NUMBER, }  
157.

William Fader, of Winchester, Canada West. Age 20 years. Priv. Co. A, 140th N. York. Was wounded at Hatchers Run, Va. Admitted Feb. 11th 1865. Wound was by a minie ball Feb. 6th, 1865.

### HISTORY.—(ANTE MORTEM.)

William Fader, admitted with a gun shot wound in the lower portion of the spine, at the junction of the sacrum with the lower lumbar vertebra. Patient was in a condition of excessive nervous irritation, apparently partly from the effects of the wound and partly from the effects of transportation. There was only one opening, the edges of which were flabby with a tendency to slough. His appetite was much impaired and his general condition unfavorable, although he was of rather large

proportions and of full muscular development. He failed to respond to the action of stimulants and nutritious diet. On the fourth day after admission he had a chill which was followed by decided evidences of Pyæmia from which he gradually sank.

Case reported by

W. G. SMULL,

A. A. Surg., U. S. A.

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### POST MORTEM.

12 hours after death.

Body of good form. Blood, fluid. Very offensive odor upon opening the body. The ball struck about the fourth division of sacrum, passing forwards and to the right; fracturing the sacrum, lodging in the junction of the ischium and ilium; breaking the bone there and driving fragments inwards; lodging between the bone and pelvic fascia.

BRAIN.—Normal. In apparent structure flexible; slightly softened, showing little blood on section and congested arborescently on floor of 4th ventricle.; weighed 3 lb. 3½ oz.; measured 7 inches.

LUNGS.—Left lung, inferior lobe somewhat congested and both lobes infiltrated with serum. Numerous caseous white substances were met with in the lower lobe, with a few similar in the upper, surrounded on section by an areola of ingested pulmonary substance, and presenting pus in one instance. These were supposed to be masses of fibrinous matter thrown out by the inductive influence of pyæmic disease. Left lung weighed 22 oz.; measured 9 inches.

RIGHT LUNG.—Similarly affected; melanic matter observed in the pulmonary substance. Weighed 1 lb, 8 oz.; measured 8½ inches.

SPLEEN.—Discolored inferiorly and very easily pulpified. Weighed 22 oz.; measured 8 inches.

KIDNEYS.—Normal, with rather a pale color. Right weighed 7 oz.; measured 4½ inches. Left weighed 7 oz.; measured 5 inches.

INTESTINES.—Generally discolored, exhaling an offensive odor as from putrefaction. Weighed 5½ lbs.

HEART.—White fibrinous clots existed in this organ, one of which formed a complete septum in right ventricle; clots in

the auricles connected with appendices ; perforate auricular septum. Weighed  $11\frac{1}{2}$  oz.; measured  $3\frac{3}{4}$  inches.

PANCREAS.—Very much enlarged and reddened.

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[CASE NO 23.]

HOSPITAL NUMBER, }

A Rebel. Admitted for burial. Supposed to be about 25 years of age.

HISTORY.—(ANTE MORTEM,)

Unknown.

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POST MORTEM,

July 22nd, 1864. Body much emaciated, no rigidity.

BRAIN.—No pineal body found in this brain and no commissura mollis. The floor of the 4th ventricle was congested. Substance of the brain firm and not too full of blood. Noticed in the congestion of the fourth ventricle that there were three distended veins, one in the middle line just above origin of auditory nerves ; the others, one on either side, that of the right side lesser. A reddish tinge was over the whole floor. Weight of brain 60 oz.; measurement  $7\frac{1}{2}$  inches.

LUNGS.—Very close old pleuritic adhesions nearly obliterated the right pleural sac. The lowest lobe of the right lung was carnified, probably in consequence of these. Right weighed 14 oz.; measured  $7\frac{1}{2}$  inches. Left weighed 13 oz.; measured 8 inches.

HEART.—The sac of the pericardium was also nearly obliterated. An awkward incision in opening the heart makes the specimen unsightly. Specimen was, however, preserved. Weight 10 oz.; measurement 4 1-2 inches.

LIVER.—Normal; quite full of blood. Weight 2 lbs. 14 oz.; measurement 9 inches.

KIDNEYS.—Congested at the bases of the tubular pyramids. Weight of right 5 oz.; measurement 4 1-2 in. Left 5 oz. measured 5 inches.



PANCREAS.—Normal. Weight 2 oz.; measured 6 1-2 inches.

SPLEEN.—Rather small; of black color and firm consistence. Weight 6 oz.; measured  $4\frac{1}{2}$  inches

INTESTINES.—Jejunum congested, also congestion throughout the greater portion of ileum. Peyer's patches well developed and of dark color; ulcerations found in sigmoid flexure and in the rectum which involved muscular substance.

Supra renal capsules, normal. Weight  $1\frac{1}{2}$  oz.; measurement  $2\frac{1}{2}$  inches.

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[CASE NO. 24.]

HOSPITAL NUMBER, }

A Rebel. Admitted for burial, February 22nd, 1865.

POST MORTEM.

BRAIN.—Several drachms of liquid found in lateral ventricles. Lining membrane of ventricles somewhat reddened, slightly roughened to the touch especially in the right side. Fourth ventricle presented a discolored floor and contained serum. Weight 52 oz.; measured 7 inches.

LIVER.—Of reddish ash color, of firm consistence exhibiting acini clearly upon surfaces. Bile dark brown. Capsule of liver with difficulty detached. Weight 3 lbs 12 oz.; measured  $9\frac{1}{2}$  inches.

SPLEEN.—Light color externally. Somewhat enlarged with firm substance. Capsule detached with difficulty. Weight 9 oz.; measured 5 inches.

KIDNEYS.—Of light color externally; one somewhat darker than that of the liver. Right kidney weighed 5 oz.; measured 2 inches. Left weighed 5 1-2 oz.; measured 5 1-2 inches.

LUNGS.—In the lower portion of the left lung, posteriorly, numerous extensive dark red nearly black spots were found presenting all appearances of a pulmonary apoplexy. This left lung had three lobes well marked. No apoplectic spots such as those described, were observed outside of the region specified. Right lung weighed 11 oz.; measured 7 1-2 inches. Left weighed 14 oz.; measured 7 inches.

**INTESTINES.**—A few surface ulcers observed in the lower part of the large intestines and again in the ascending colon. In the ileum about two feet from the caecum a region was observed in which the intestine was somewhat thickened, and faintly granular to the feel on the mucous surface, color dark red. Lower part inside of the jejunum of dark color.

**STOMACH.**—Somewhat congested in the fundus.

**HEART.**—No attached clots observed in this heart, separate thrombs observed. White fibrinous clots in the right ventricle, and black clot in the left. Weighed 8 oz.; measurement 4 inches.

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[CASE No. 25.]

HOSPITAL NUMBER, }  
151.

Daniel A. McMiller, Priv. Co. K, 4th Penna. Cavalry; age 28 years; was wounded at Hatcher's Run, February 6th, 1865; was admitted February 11th, with a gun shot wound. Ball entered the right thorax one inch to the right and below the nipple; passed apparently through the right lung and was extracted according to his own statement at the lower border of the scapula.

**HISTORY.—(ANTE MORTEM.)**

Air passed freely through the thorax at the point of entrance of the ball. Patient suffered considerably from irritative fever and was seemingly much exhausted. Some discharge of grumous fluid through the posterior opening became daily more profuse, of darker color and more offensive. The anterior opening was closed on the second day of the wound by adhesive plaster in order that respiration of the trachea might be more decided. By this local treatment the patient was enabled to receive into the lungs a large volume of air. Constitutional symptoms became worse gradually and he sank from exhaustion. No symptoms of Pyæmia manifest.—Treatment: Stimulant and tonic with nervous sedatives.

Case reported by

W. G. SMULL,  
A. A. Surg., U. S. A.,

## POST MORTEM.

Eight hours after death, February 23d, 1865.

The body much emaciated and of offensive odor before opened. Owing to the presence and vehement opposition of the man's brother, only the lungs were examined, and these partially. Ball entered thorax, fracturing the 6th rib, and made exit near the angle of the 8th, in its course lacerating the pleura and bruising and slightly tearing (?) the lung substance.

Lung substance crepitant and readily torn. The pleural sac had its opposed surfaces very firmly connected by recent bands in the separation of which lung tissue was torn. A dark gray offensive puruloid fluid mixed with more fluid liquid of a darker color to the amount of 10 oz. filled the right pleural sac. In the left side the lower lobe was firmly bound by thick tenacious (recently effused) fibrin. In this case the lung tissue was also torn, near the orifices of entrance and exit on the right side pleuritic adhesions were numerous and firm but not such as to shut off communication with the pleural sac.

## [CASE No. 26.]

HOSPITAL NUMBER, }  
2. 356. }

John E. Stover, Age 45 years, of N. York City. Priv. Co. C. 62ed N. York vols. Admitted Oct. 22nd. 1854. Died Feb. 24th. 1865.

## HISTORY.—(ANTE MORTEM.)

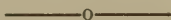
John E. Stover, was admitted from the front, after having suffered according to his own statement from the effects of malaria for several months, during which time he was a patient at the Post Hospital. He was suffering from chronic diarrhœa and general exhaustion of vital powers. Has no chills but has frequent dejections of slimy and partially fecal matter. He was placed upon stimulant tonic treatment, consisting of quinia, tannin and morphia. He improved under treatment but his diarrhœa returned at intervals with usual severity, the various preparations of mineral astringents and tonics being

used without effect. Counter-irritation and injections were only of temporary effect, occasionally the patient manifested symptoms of mental aberration which at the time were attributed to effect of the narcotics. His appetite was capricious, but he made no complaints from the effects of any thing eaten. He complained of pain in an undefined part of the lower portions of the abdomen almost continually, about twenty-four hours before death he was attacked with convulsions. Muscular rigor extending over the entire body, occasional jactitation and entire want of intellectual association, symptoms manifestly due to some morbid change in the great nervous centres. Active counter-irritation was applied to the upper part of the spinal column. Sedatives also were administered internally, the effect of which was only temporary. The patient remained in a state of perfect indifference unless aroused; when he became much excited. This condition remained until death relieved him.\*

Case reported by

W. G. SMULL,

A. A. Surgeon, U. S. A.



### POST MORTEM,

Six hours after death.

Body much emaciated, little rigidity.

BRAIN.—When the skull cap was removed 2 oz of fluid came from the sac of the arachnoid. Substance of the brain flexible; it was not whitened, but upon section numerous blood spots were observed. The commissural substance of the brain was flesh colored delicately, (a pale pink.) The substance generally was firm. No middle commissure in third ventricle; serum was found in the lateral ventricles in small quantities. In floor of 4th ventricle a V-shaped discoloration was observed of reddish color,  $\frac{1}{8}$  inch in breadth and fully a line in depth; the arms of the V were about  $\frac{1}{2}$  inch long each. Very near the point there was slight roughness to the touch. The membrane on floor of fourth ventricle appeared to be slightly thickened

\*—This man at one time, about forty-eight hours before death, screamed violently, shrilly and at periods of about one minutes interval, so as to startle patients in the lowest wards of the ~~hospital~~ Building.



and to yield upon pressure. Weight 42 oz.; measurement 7 inches. Cerebellum not as much congested as cerebrum.

LUNGS.—The posterior portion of the lower lobe left lung was hypostatically congested, showing a red carnified section covered with bright red blood. Quite a quantity of melanic matter was found on the surface of this lung. A few of the lobules were of a dark color, quite solid to the feel, but easily filled with air by forcible pressure upon another portion of the lung. In right lung nothing abnormal was observed, with the exception of some red bands, but the lobes had an abundance of melanic matter on the surface, and one calcareous body was presented. Serous fluid was found in both pleural sacs in large quantity. Right lung weighed 11 oz.; measured  $9\frac{1}{2}$  inches. Left weighed 11 oz.; measured 9 inches.

HEART.—No clots. Substance presented a glistening appearance. The pulmonary artery had its lining membrane reddened. The aorta presented the same phenomenon. Fat upon the surface of organ was reddish. In the pericardial sac there was a small quantity of serous fluid. Weight 6 oz.; measurement  $3\frac{1}{2}$  inches.

LIVER.—This organ the smallest yet seen as indicated by measurement. It had a capsule with difficulty torn loose and was marked along the course of its blood vessels, superficially with broad white lines. Its substance was shiny and nearly homogeneous, the large hepatic vessels adhered somewhat more firmly than usual to their proper channels. Weight 27 oz.; measurement  $8\frac{1}{2}$  inches.

KIDNEYS.—Normal. One of the supra-renal capsules of large size had a yellowish white substance externally, with a dark cherry colored substance internally. Right kidney weighed  $3\frac{1}{2}$  oz.; measured 4 inches. Left weighed  $3\frac{1}{2}$  oz.; measured 4 inches.

SPLEEN.—Small size; externally of light color, presenting a fibrinous appearance under its capsule, which was somewhat thickened, opacified and marbled. Substance of the spleen itself was of dark ~~violet or~~ cherry-red color and somewhat firm in consistence. Trabeculae clearly marked. Weighed 4 oz.; measured 5 inches.

PANCREAS.—Flexible and of a reddish color. Weighed 1 oz.; measured 6 inches.

INTESTINES.—There was great thickening of the rectum and in the sigmoid flexure of the colon; and as high up as the transverse colon; with a red granulated surface. There was observed also a white rough surface in the sigmoid flexure. A dark surface appeared above this with region of ulceration. The thickening of rectum was to about four lines. In upper part of the sigmoid flexure one ulcer perforated the mucous membrane decidedly. Specimen preserved. The remainder of the intestines was considered normal. Intestines had generally a pinkish color.\* Weight 55 oz.

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[CASE NO 27.]

HOSPITAL NUMBER, )  
2. 891, }

Gilbert Shaumway, Priv. Co. C, 10th New York Heavy Artillery, age 28 years; was admitted December 26, 1864, and died Feb. 27 1865.

HISTORY.—(ANTE MORTEM,)

The patient had a contusion over the right eye. Slight local inflammation supervened which on the following day was followed by erysipelas. This was treated with local application of acetate of lead and internally with Tinct. Ferri Chlorid. In forty-eight hours all symptoms of erysipelas disappeared and desquamation ensued. The patient at this time manifested slight mental aberration. Subsequent to this, partial unconsciousness ensued. The treatment during this period was counter-irritants and revulsives.

Case reported by Cadet for

W. G. SMULL,

A. A. Surgeon, U. S. A.

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POST MORTEM,

Twenty hours after death.

Much emaciation, slight rigidity of muscles.

BRAIN.—Aboreescent congestion on floor of 4th ventricle.

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\*—The specimen was considered one of cancerous disease, although no microscopic examination was made of it.

Two small clots of blood equal together to a *minim* were found over the Pneumogastric Lobule. Serum was found in lateral ventricles. Fornix was so softened as to be readily broken up. There was a pinkish hue of the commissural substance generally. Some ingestion of the pia mater and a considerable quantity of serous fluid were found under the visceral arachnoid.

**LUNGS.**—Left lung congested in the inferior lobe. About the middle of the outer border of lower lobe there was a small abscess surrounded indefinitely by congested and ecchymosed tissue the effect of actual effusion of blood apparently. Right lung congested in posterior portion. Seroid fluid was found under the visceral pleura, detaching it to some extent from the lung, and old pleuritic adhesions connected the detached pleura to the parietal pleura. The congested pulmonary tissue of right lung was dark red, somewhat mottled, and yielded a bloody serum upon pressure. Weight of right 22 oz.; measurement 9 inches. Left 14 oz.; measurement 8 inches.

**HEART.**—A clot observed in left ventricle was of a granular appearance. It was attached to the anterior aortic valves having little or no connection with the anterior cusp of the bicuspid valve, aorta was found reddened internally as were also the surfaces of cusps and tendinous cords generally. A clot arose from the anterior cusps of the tricuspid valve and extended into the pulmonary artery. Weight 10 oz.; measurement  $3\frac{1}{4}$  inches. Blood, generally fluid.

**KIDNEYS.**—Masses of white substance were met with in both kidneys varying in size from that of a pins head to that of a pea, somewhat firm in consistence and of yellowish fibrinoid material; others exhibited a puruloid substance. Right weighed 6 oz.; measurement 5 inches. Left weighed 6 oz.;—measurement 5 inches.

**SPLEEN.**—Along the anterior and exterior border of this organ there was a region of lighter color than what seemed the normal portions, having an irregular, coast-like, defined and elevated border. There were two such regions, one superior. Upon section the lower region extended, cone-like, to the internal surface of Spleen, while the upper region extended squarely three-fourths of an inch into the tissue. That part termed normal was mottled, ingested and firm. Weight 1 lb.; measurement 6 inches.

**LIVER.**—This was of shiny, nearly homogenous section and dark color, presenting no apparent disease. Internal surface slightly mottled. Gall was perfectly black. Weight 27 oz.; measurement  $8\frac{1}{2}$  inches.

**SUPRA-RENAL CAPSULES.**—Between the left and the kidney of same side, under the transverse fascia, quite a large abscess was observed. This capsule was much enlarged.

**PANCREAS.**—Somewhat enlarged and reddened. Weight 4 oz.; measurement 8 inches.

**INTESTINES.**—Lower part of the ileum was found congested, so also the large intestine. The mucous membrane was readily detached in the upper part of the ileum. There was a blackish gray discoloration in jejunum. This color was partly washed off and the water used became blackened. Some congestion was observed in the fundus of stomach. Weight 4 lbs.

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[CASE No. 28.]

HOSPITAL NUMBER, }  
162. }

Jacob Newburger, Age 26 years. Private Co. F, 1st Md. Vols.; admitted from City Point, February 11th 1865; wounded at Hatcher's Run, February 6th; died March 1st, 1865.

**DIAGNOSIS.**

Gun-shot wound right side of thorax, just beneath spine of scapula. Ball remains in the wound.

**HISTORY.**—(ANTE MORTEM.)

Newburger admitted as described. Exploration of the wound by probing only revealed an opening through the scapula, below which, examination was deemed injudicious on account of the proximity of the lung posteriorly. A few days after admission tumefaction began near the spinal column, in the cellular tissue, covering it; this tumefaction increased until fluctuation became manifest. An incision of an inch in length was made at the point where the wall was thinnest and discharged about twelve fluid ounces of pus. This discharge continued and was very profuse for about five (5) days when hemorrhages super-



vented from the posterior opening. These occurred daily at times, until patient gradually sank from exhaustion.

Case reported by

W. G. SMULL,

A. A. Surg., U. S. A.

## POST MORTEM,

Eight hours after death.

Great rigidity of the muscles. Somewhat emaciated.

**BRAIN.**—About two ounces of serum were found in the sac of, and under the visceral layer of, the arachnoid. The surface of the brain was somewhat reddened viewed with the pia mater on; this, the pia mater, was readily detached. The brain substance was found somewhat injected; puncta were found numerous and bleeding; the substance was of firm consistence, standing like wax. About two drachms of fluid were found in the left lateral ventricle and serum was observed in the 5th also in the 3d and 4th ventricles, a small quantity only in the latter, much having escaped from this in removal of the brain. Serous membrane of the 4th ventricle had a dull white appearance. Brain weighed 50 ounces; measured  $6\frac{1}{2}$  inches.

**LUNGS.**—Right lung apparently normal. In the lower back part at the bottom of the lower lobe of the left lung about 1-5 of the whole was solidified; easily broken up and yielding a greyish dark colored and reddish pulp, at the same time the exterior of this portion had a lobulated feel. A portion of the lower anterior portion of the upper lobe equivalent to  $\frac{1}{3}$  of lobe was solidified in like manner, advanced however, so far, as to yield upon breaking up a lighter gray pulp. A cut portion of the solidified part sank in water. Seroid fluid was observed in the pleural sac. Right lung weighed 14 ounces; measured 10 inches. Left weighed 18 ounces; measured  $8\frac{1}{2}$  inches.

**HEART.**—About an ounce of fluid was found in the sac of the pericardium; a large white clot was found in the right ventricle attached in the usual way; with flaps, the opposed surfaces of which were smooth; and the open face of their angle was directed upwards and to the left. In the left ventricle one thrombus clot was bordering in from the anterior cusp and extending into the aorta; a black clot was observed in the

left auricle and a mixed one in the right. Auricular septum imperforate. Heart generally of tinged red color; the lining membrane of the vessels was red also. Heart weighed 12 oz.; measured 5 inches.

LIVER.—This organ was of light brownish red color; of firm consistence and yielded strongly the peculiar odor. Bile nearly black and fluid, about one fluid ounce in the bladder. Liver weighed 68 oz.; measured 11 inches.

SPLEEN.—Of somewhat light color and finely mottled on section. Substance nearly normally firm. Weighed 8 oz.; measured 5 inches.

KIDNEYS.—Left kidney small and of light color. Right much larger with somewhat more blood but still of light color. Right kidney weighed 4 oz.; measured 4 inches. Left weighed 5 oz.; measured  $4\frac{1}{2}$  inches.

INTESTINES.—Some discoloration was observed in the cæcum. The large intestines otherwise were normal. Ileum somewhat ironed and red in spots. Mucous membrane thinned but the muscular tissue is not readily uncovered. The upper part of the jejunum and the duodenum discolored and yellow.

PANCREAS.—Normal. Weighed 2 oz.; measured 4 inches.

THE WOUND.—The ball entered the scapula near the origin of the spinous process passed forwards, inwards and to the left at an angle of  $60^{\circ}$ , struck between the angles of the 5th and 6th ribs bearing more heavily upon the 5th; was reflected upwards, forwards and to the left, breaking the spinous process of the 5th dorsal vertebra and lodging under the rhomboid muscle beneath the deep fascia on the left side. A large piece of blue cloth carried into the wound lodged on the right side of the spinous processes. A sac filled with black matter, in great part clotted blood, averaging in breadth from 2 inches in the crevical region to 3 inches in the scapular, and 4 inches in the dorsal and 14 inches in length (extending from the 5th cervical to the 1st lumbar vertebra) was observed.\* On the left side confined by the deep fascia was an abscess extending from the last cervical vertebra to 6th dorsal, about one inch in breadth.

THE SPINAL CORD.—Having cut through the laminae the

\*—The matter that was thrown out of this sac was very offensive in smell and of a granular, brownish red, old appearance.

spinous processes were removed. The large veins near the lamina that was broken by the ball were found.

The torn extremities of a vein were seen. The torn vessel was found white, and old looking near the point of injury. A dark clot mixed with a white clot inferiorly was observed near the point of injury; the anterior face of this clot was firmly attached to the dura mater of the spinal cord. The pia mater here was congested arborescently in a similar manner to a portion observed below the medulla, finely and reticulatedly. The arachnoid was reddened and opacified. It was thought that the substance of the cord was somewhat thickened and of an abnormally dark color. The substance was of firm consistence; there was no inflammatory exudation matter. Specimen preserved.



#### [CASE No. 29.]

HOSPITAL NUMBER, }  
169. }

Nathan M. Hildreth, Company B, 94th New York Volunteers, aged 21 years.

#### HISTORY.—(ANTE MORTEM.)

Patient was admitted to the Hospital February 11th, 1865, with left thigh amputated primarily at the middle third consequent upon gun-shot wound received at the battle of Hatcher's Run, February 7th, producing a compound fracture. Operation performed on the field, Feb. 8th. When admitted the patient's general condition was very favorable, though the appearance of the stump was pale. Moistened oakum was applied with solution of Chlor. Zinc as a wash. About the 20th of February there was considerable irritation of the system manifested by small and frequent pulse, coated tongue, headache, impaired appetite &c., the eyes and skin presenting a yellow hue and the stump looking more unfavorable.

February 24th.—Intense pain in the right side; liver enlarged and painful, and a friction sound denoting pleurisy was heard; a slight chill. From 20th had been taking quinine, iron and brandy with beef essence.

March 3d. Slightly extending to the left side: chills each day growing worse and more violent, fixing the symptoms of Pyæmia, succeeded by profuse perspiration. Died March 4th, 1865.\*

Case reported by

J. G. KELLER,

A. A. Surg., U. S. A.

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### POST MORTEM,

March 4th, 1865, 4 o'clock, P. M., eight hours after death.

Body in good condition; of fine form; little or no emaciation; considerable rigidity of muscles. Pleuritic adhesions on the right side anteriorly and posteriorly were found. No adhesion of the pericardium.

**Lungs.**—The lower lobe of the right presented numerous collections of a viscid puruloid substance in cavities of an irregular or spherical form met with chiefly near the outer pleural surface, but also deep in the lung substance. When met with in the substance they were nearer the pleural surface than the centre, generally giving the appearance of pulmonary abscesses pointing in direction of pleural sac externally. The fluid found in them varied from a sero-puruloid, pearl colored substance to a sanious pus. In separating the united surfaces of the visceral and parietal pleura bounding this lobe a small opening was made in one of the larger cells of pus, from which there was free discharge. The fibrin connecting the said united surfaces was thick and white; heart clot like, elastic and tough. It extended somewhat between the uppermost and lowermost lobes, but did not extend to the anterior surface of the lung. In the uppermost lobe two metastatic abscesses were found in the anterior inferior portion, but no inflammation of the pleura was observed in this region.

The middle lobe of this lung was separated by a posterior cleft only and the two abscesses referred to were in the obliterated

\*—Metastatic abscess of the lung was declared before death in diagnosis. The chills were extraordinarily severe and were more frequent directly as dissolution approached. The very severe pain complained of and the anæmic tremors and general nervous excitations were overestimated, and the patient was made perfectly comfortable by a hypodermic injection of a scale of morphia a quarter of a grain. His mind was clear until his last moments and very alert.

ated line of separation. The whole lung seemed filled with an aqueous fluid exuded into the connective tissue so that parts unaffected by disorganizing lesion were heavier than natural and doughy. Substance of the left lung similar to that of the right, just described. The anterior inferior border of the lower lobe of this lung was mixed with an elastic firm whitish mass of fibrinous material. A collection of sanious pus was observed superiorly through the middle of sac containing which a vessel passed to the inferior fibrinous mass referred to. The mass described as fibrinous upon minute inspection appeared composed of pulmonary substance having cells filled as in pneumonia and having in the middle of it a small mass of what was apparently effused blood. Upon pressure a puruloid substance was effused from many points as if from sections of ultimate lobules. The more normal substance in addition to being generally loaded with blood and having a doughy feel was specially loaded in the lower lobe and the posterior portion of the upper with blood. Another abscess was observed in the lower portion of the left lung, in which the matter had a bluish appearance, being at the same time viscid and puruloid. Left lung weighed 1 lb. 12½ oz.; measured 9 inches.

NOTE.—Hildreth appeared to be more than ordinarily intelligent. Spoke grammatically and exhibited a sharp interested attention when any fact of importance was mentioned to him, although at the time exceedingly ill.

BRAIN.—Clear serum was seen in both lateral ventricles. In left side posterior horn extended back an inch farther than on the right. Corpus callosum thin and soft. Brain was found in other respects apparently healthy. Double soft commissure in the third ventricle. Weighed 3 lbs. 9 oz.; measured 7½ inches.

HEART.—This contained clot in the right side, attached to that portion of the right ventricle in which there are musculi pectinati throwing all the blood from the right auricle directly over the smooth approach to the pulmonary valves. A clot was observed arising in the right auricle, connected with the auricular appendix. There was a small white clot in the left ventricle closely connected with the bicuspid valve, connecting with clot originating in left auricle; ear marked near aortic valves. Weighed 7½ oz.; measured 4½ inches.



**LIVER.**—An abscess one inch in diameter, of irregular form was observed in the right of the right lobe of the liver. This was also deep seated. Anterior part of this organ, right lobe, was somewhat enlarged and of more granular appearance than usual, breaking up and exhibiting the acini very readily. The liver was generally of a light color, mottled and finely congested on the surface. It was thought that signs of commencing disease such as would lead to an abscess, similar to the one observed in right lobe existed in the portions described as finely congested. Weighed  $5\frac{1}{2}$  lbs.; measured 11 inches.

**SPLEEN.**—Of a light color; flexible, exhibiting upon section a speckled condition, especially in tissue of the dorsum, the speckling being caused by what appeared upon close examination to be numerous spots of blood, the results of extravasation.

**N. B.**—The patient complained of pain upon percussion over the spleen. Organ weighed 12 oz.; measured 6 inches.

**KIDNEYS.**—Of a light color, flexible and easily torn; no abnormality observed. Right kidney weighed  $7\frac{1}{2}$  oz.; measured 5 inches. Left weighed  $7\frac{1}{2}$  oz.; measured  $5\frac{1}{2}$  inches.

**PANCREAS.**—Apparently normal. Weighed  $3\frac{1}{2}$  oz.; measured 8 inches.

**INTESTINES.**—With the exception of a few blood spots and some thinning of the mucous membrane the intestines were natural. Weighed 4 lbs., 11 oz.

**THE WOUND.**—In the extremity of the femoral artery, in the amputated thigh, extending to the distal artercal branch, a clot was found, the lower part of which, was honey-combed, below which there was a small patulous sac. In the femoral vein there was a clot extending from the junction of the profunda vein to the extremity of the vessel; black and loose below, between the attachment and extremity.

Specimens of the lung, double commissure of the brain, and blood vessels of the thigh were preserved.

## [CASE No. 29.]

HOSPITAL NUMBER, }  
2. 356. }

George Shearer Private Co. I, 8th Ohio Volunteers; admitted for burial. Was killed by cars on N. C. R. R. near Mt. Washington, Md., on the 3d March, 1865. Residence :---Napoleon, Henry Co., Ohio.

The body was sent to Major Weigle, Provost Marshal, who delivered it for burial at the National Hospital.

## POST MORTEM,

March 4th. 1865.—**BRAIN.**—Blood was observed in sac of arachnoid, and beneath the same; many puncta were observed in brain substance; some blood was also found in the lateral and fourth ventricles. Brain weighed 3 lbs.; measured 7 inches.

**LUNGS.**—The right was torn in the upper and back part of the lower lobe; left was found uninjured.

**THE FRACTURE.**—Occipital bone was broken; a quadrilateral fragment was separated about the Torcular Herophili, the lower portion or base of which involved the Foramen-Magnum in great part. There was complete separation along the base of skull between its two halves, the fracture isolating the sella turcica.

## [CASE NO 31.]

HOSPITAL NUMBER, }  
286, }

J. T. St. John, Acting Asst. Surg., U. S. Army.

## HISTORY.—(ANTE MORTEM.)

INDIANAPOLIS, IND., March 16th, 1865.

## DOCTOR :—

In obedience to your request I give you the following history of Dr. J. T. St. John during the time he was under my care. He came aboard the "John Rice" at Atkins Landing, March 1st, at 2 P. M. I immediately examined him and found his pulse about 120, feeble; countenance pallid and anxious; complete aphonia and great dyspnoea. The trachea and fauces were lined with a thick tough false membrane which interfered with both deglutition and respiration. I at once cauterized the throat well with Arg. Nit. fus., which disengaged

large quantities of the false membrane, enabling him to breathe and swallow much easier. I gave him thirty grt. Tinct. Ferri Chloridi every three hours together with Quin. Sulph., gr. 3; Potass chlor. gr. 4, and Pulv. Doveri gr. 5. I applied externally Vol. Lin. and gave him freely of brandy and beef essence. This constituted the treatment up to the time I sent him to the Hospital at Baltimore. For the first 12 hours he seemed to improve and gave slight hope that he might recover; after that time he grew worse all the time I was with him. He lived longer than I expected.\*

Respectfully, Yours &c..

W. P. PARR.

P. S.—He had been sick five days before I saw him.

P.

To

*Surgeon in charge of  
National, U. S. A. Gen. Hospital,  
Camden Street, Baltimore, Md.*

Age about 25 years; of ordinary muscular development; was brought by steamer from City Point, and admitted to this hospital March 3d, 1865. He was much exhausted and prostrated; countenance anxious and presenting a slightly venous hue. There was dyspnoea and partial aphonia; he had to be propped up in bed, and what he said could not be understood unless the ear was closely inclined to him. Partial paralysis of the left arm was observed, and he complained of tenderness on pressure over the wrist. Examination of the throat revealed a grayish white exudation over the tonsils and soft palate. On account of the difficulty in breathing and speaking, a full and exact history of the case could not be obtained from the patient. He stated that he had been attacked about ten days before with sore throat; the white exudation made its appearance. A strong solution of nitrate of silver was applied, and it removed the exudation; it returned, and the solution was again used, but not with the same good result. His voice was not materially affected till the day before admission. He had been taking the Tinct. Ferri Chlor. 20 drops every 3 or 4 hours with brandy and beef tea. There was a phthisical element in his family, and he had suffered occasionally with laryngeal trouble. At the suggestion of Assistant Surgeon McGill, U. S. A., in charge of Hospital, 10 grs. of capsicum and a tea-spoonful of mustard were given as an emetic. That not acting, a scruple of the

\* — Letter written in response to request for particulars.

sulph. of zinc was administered. Vomiting resulted, and some of the shreds of the false membrane were got rid of, but with very little result to the patient. Dr. McGill recommended that a concentrated solution of capsicum be used as a local application to the throat. This was applied with a probang every 3d hour, and capsicum used externally over the larynx. The iron brandy and beef tea were continued. During the afternoon and evening the Doctor had several copious serous alvine evacuations, which he ascribed to the emetic; at night was anxious, nervous and restless; 30 drops of tr. opi. administered per anum; the diarrhœa was checked, the nervous symptoms quieted, and sleep induced. During sleep respiration was noiseless.

March 4th.—Condition about the same; the exudation was diffused, and a considerable quantity of it was expectorated, some shreds being of quite firm consistence, and presenting a cartilaginous appearance.

The lungs were resonant on percussion, and the respiratory murmur heard over all parts of the chest. Deglutition could not be effected. Local constitutional treatment continued. At night was worse; more feeble, restless and nervous; making continued efforts to get rid of the obstruction in the air passages, with only partial success;  $\frac{1}{4}$  gr. morphia was given, and the dose repeated. During the night he slept a little, but was somewhat delirious; this he ascribed to the morphia.

March 5th.—Said his throat was better, but there was some oppression about his lungs. The tonsils uvula half arches and epiglottis still covered with the exudation. His voice was about the same as when admitted. On auscultation marked difference was observed in the distinctness of the respiratory murmur on the right and left sides. Over the right lung it was much more feeble than over the left. A mixture of mustard and turpentine was applied over the chest and throat. By advice of Dr. McGill, a blister was put on each deltoid muscle. In place of the red pepper, liq. ferri per sulph. was applied with a probang every 3d hour to the throat. In the afternoon a portion of the exudation had been removed, and the rest appeared somewhat detached, but the general condition of the patient was more unfavorable. During the night he became much worse; carb. ammonia was given.

March 6th.—Death evidently impending. The face and

hands were of a venous hue; breathing loud and hoarse; pulse feeble; the intellect was not affected. The respiratory sound was perfectly distinct over the left lung, and but barely perceptible over the right. The presence of a greater quantity of exudation matter in the right than the left bronchial tubes was suggested as an explanation of this difference in the respiratory sounds.\*

12 M.—Patient dying; respiration continued after the heart's action had apparently ceased.

Reported by

G. H. DARE,

A. A. Surgeon, U. S. A.

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### POST MORTEM.

March 6th, 3½ P. M.—Body still warm, but slight emaciation.

Lungs.—The left lung presented a peculiar mottled appearance, the mottlings varying from the light color of pulmonary tissue to a dark cherry red, and blood red. When section was made in the cherry red tissue, the cut surface presented a fleshy appearance, (upon minute inspection exhibiting, as was thought, fine points of ultimate lobules, with difficulty seen;) and upon pressure there was exuded from the same cut surface a great quantity of bloody, aqueous liquor, apparently allied to exudation serum. A portion of the tissue presenting these appearances, sank readily in water. When adjacent, more healthy pulmonary tissue, was pressed, so much air made its appearance in the consolidated lung substance, as to define the pulmonary lobules. In this lung, formed between the lobes in an unusual lobe division in the upper part of the inferior lobe, an apoplectic clot about ½ cubic inch in amount was observed near a vessel in which no orifice was seen. Several spots besides were found, not only in the inferior lobe, but also in the superior of this side, presenting in one case blood, in the other cases ecchymoses. In bronchial tubes of left lung, lying collapsed, easily torn and longitudinally lined, a shred-like fibrinous substance was observed connecting in continuity with the main tube described below as existing in the trachea.—

\*This suggestion was made by Dr. Dare.



This substance in the bronchial tubes of the lung formed a tree of corresponding hollow involucred tubes. In right lung similar appearances were presented, except that what were regarded as apoplectic spots, were absent. The lowest lobe of the right was more intensely affected by collapse as evidenced in the appearance noted as cherry-colored substance, than any other lobe of the lungs. In this lung the bronchial tubes to those of 3d magnitude, and even farther, were occupied by hollow, fibrinous tubes, and the vacant tubes of lesser magnitude presented an abnormally white appearance. These fibrinous tubes were best developed in the tubing, supplying the lower and middle lobes. Right lung weighed  $32\frac{1}{2}$  oz.; measured  $8\frac{1}{2}$  inches. Left lung weighed 28 oz.; measured 8 inches.

TRACHEA.—From the soft palate and half arches, tonsils, the upper part of the pharynx, the root of the tongue, and sides of the laryngeal opening, and from the epiglottis, a white or ash-colored substance closely adherent to the originating tissue, in thickness varying from  $\frac{1}{4}$  line to more than a line from above downwards, covered the internal surface of the trachea, and right and left bronchial tubes, so as to form a complete second or inner tube of what would, in common parlance, be called *false membrane*. The surface of the lower part of the main tubes, covered by this membrane was scarlet; and it was thought that in the spots of deeper scarlet, there was fine granulation.\* In right bronchus the tube of false membrane was two lines in thickness; in the left not more than  $\frac{1}{4}$  line.

On close examination of the cut surface of the main tube, in right bronchus, and superiorly of shreds, it appeared as if the structure of this tube was laminated. Superiorly about the epiglottis, in the upper part of larynx, and in the pharynx and fauces, the membrane was ragged. The interior of the main tube, as seen in the trachea, was perfectly smooth and shining, presenting in this respect, almost the appearance of serous membrane; and the left bronchial membrane tube and the trachea membrane tube were large enough to pass air enough to the lungs to support life; for which passage, however, the tube supplying the right lung was not sufficiently capacious.

HEART.—A mixed clot of large size was found in the right auricle communicating with a clot in the right ventricle of pyra-

\*— This opinion was unanimous.

nidal form that arose in apex of ventricle, and had two columns, one a communicating column colored black, connecting with auricle clot; and another also black running into pulmonary artery. The pyramid from which these columns arose was composed of tough, white clot substance. In left auricle there was a black clot; in left ventricle a small white clot, arising by its apex in the ventricular apex, and joined the anterior cusp clot. Heart normal in other respects; organically, quite full of blood. Weighed  $12\frac{1}{2}$  oz.; measured  $3\frac{3}{4}$  inches.

**BRAIN.**—Pia mater much congested in veins and capillaries; consequently the cerebral surface was much reddened. Substance of the brain was quite firm; also well filled with blood. Small quantity of fluid in right lateral ventricle. No commissura mollis. On the floor of 4th ventricle, on right side above the origin of the auditory nerve, there was an aborescent spot of congestion. A central vessel was found proceeding from the direction of the right cerebellum  $\frac{3}{4}$  of an inch long, with six or eight (four main) descending vessels, and two main ascending ones.\* Intense congestion of the capillaries of the pia mater, covering the upper portion of the spinal cord; congestion (slight) of the substance of the pons. Two ounces of serum flowed out when the sac of the arachnoid was opened. Brain weighed 3 lbs. 14 oz.; measured 10 inches.

**LIVER.**—Was of dark color, quite full of blood, giving rather light colored bile. Weighed 3 lbs. 14 oz.; measured 10 inches.

**SPLEEN.**—Of natural size; if anything a little small; markedly light colored in comparison with liver. Weighed 4 oz.; measured  $5\frac{1}{4}$  inches.

**KIDNEYS.**—Somewhat congested; otherwise natural; capsule readily detached.

**SUPRA RENAL CAPSULES.**—Apparently normal. The left contained some bloody looking matter in sac. Right kidney weighed 6 oz.; measured  $4\frac{1}{2}$  inches. Left kidney weighed  $6\frac{1}{2}$  oz.; measured  $4\frac{1}{2}$  inches.

**INTESTINES.**—Glands in the caecum, well developed; the caecum itself slightly congested; Peyer's patches slightly reddened (scarlet;) ileum of light gray color; generally, the summits of the solitary glands and edges of mucous folds were reddened; slight dark discoloration in the lower part of the jejunum; the jejunum in middle and upper part scarlet or

pink; especially in region of strongly developed valvula conniventes. The duodenum in the upper part was dark colored. The stomach was ash colored internally, and presented cherry colored spots, and what seemed to be more clearly congestions or ecchymosis, under the mucous membrane. Blood was met with clotted in the large vessels; this clotting was not so great as to prevent a free flow of blood from the large veins when these were cut.

PANCREAS—Normal, except in a slight congestion near its head. Weighed  $2\frac{1}{2}$  oz.; measured 7 inches.

The urine was examined and found to contain albumen.

Specimens of larynx trachea and bronchial tubes preserved.

Autopsy by

GEORGE M. M'GILL,

Asst. Surgeon U. S. A.,

Surgeon in Charge.

[CASE No. 32.]

HOSPITAL NUMBER, {  
266. }

William Doty, age 27 years, Private Co. D, 91st New York Vols.; admitted to this Hospital, March 2d, 1865.

HISTORY.—(ANTE MORTEM.)

A friend of the patient's states that he (the patient,) was a man of temperate habits and social disposition. On entrance into Hospital, patient presented no signs of disease whatever. According to his statement, he had been afflicted for seven years with epilepsy, and had a fit on the day previous to his admission.

March 4th.—Had fever; severe pain in the left side, and faint friction sound over lower lobe of left lung anteriorly. A blister was applied and a large dose of Dover's powder given.

March 5th.—Complained very little, and seemed to be getting along well through the day but at night was delirious.

March 6th.—Extremely restless, tossing about in bed. During the absence of the nurse would get up and wander about the room; pulse feeble and rapid; eyes fixed; and pupils nat-

ural but insensible to light. Blisters were applied to the nape of the neck, and opium given internally. The opium produced no change of the pupil of the eye. The head was thrown back and rigidly held by the posterior muscles of the neck.

March 7th.—No change in symptoms; head still retained towards the back.

March 8th.—Died early in the morning.

Case reported by

J. G. KELLER,

A. A. Surg., U. S. A.

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### POST MORTEM,

Seven hours after death.

**BRAIN.**—Congestion externally of capillaries and veins of pia mater; little or no fluid found in sac of arachnoid. The arachnoid, clear and smooth on the visceral surface, contained beneath it, especially along tracts of the larger pia mater vessels, white and fibrin-like substance.

Lateral ventricles being opened in each of the anterior cornua, about three drachms of fluid were observed. In the left there was rather more; and at the bottom or fundus of each anterior cornua, about half a drachm or less of bluish puruloid substance was found. In posterior cornua (middle and posterior,) about two drachms of fluid mixed with about one drachm of similar puruloid substance (adherent, in part, quite closely to the walls of cornua, and making in all nearly three drachms of sero-puruloid fluid,) were found in each. A grayish appearance with somewhat dark general color, was presented in choroid plexuses. Upon the walls of the lateral ventricles, amid fine congestion and aborescence, especially posteriorly, and on the walls inferiorly, connected with the finely congested vessels, there were numerous small spots of ecchymosis. These were more numerous on the left than right side.

The membrane lining the bottom of lateral ventricles was readily broken up in both the anterior and posterior cornua, and had lost its usual shining appearance in great measure.

In superior portion of left lobe of cerebellum, one inch within posterior semi-circular border, there was a small clot from which blood vessels radiated irregularly. On right side in



similar position, there was a second clot. On right hand side of posterior cleft (valley) of cerebellum, a thin small clot was observed. The floor of the fourth ventricle was covered with a bluish, tenacious, viscid, slightly tart puruloid substance.—When scraped with a knife, the membrane covering it remained dim. Fine irregular aborescent congestions were observed on the floor. These were arborescences of the fine vessel branches. The substance of the floor of ventricle appeared reddened. In the central axis of medulla oblongata in cross section, a red spot appeared. The inferior portion of the pons, between arachnoid and pia mater, and the perforated spaces and their vicinity, were covered, along the courses of vessels especially, with bluish fibrinoid substance.

Substance of cerebellum was congested as was the cerebral substance. Blood was found fluid throughout the body. Brain weighed 3 lbs. 4 oz.; measured 7 inches.

LUNGS.—The posterior surface of the right lung, superiorly and inferiorly, was somewhat uneven by undue prominence of certain lobules, and when the same surface was cleaned, it had a spotted appearance, due to the presence of ecchymosis beneath the pleura. Section in its middle revealed the extreme lobules bright red, and apparently well filled with air; more internally, dark substance. A portion of the superior lobe in anterior portion of right lung, sank in water.

LEFT LUNG.—Pleuritic adhesions were observed; interlobar and saccular. Some sub-pleural ecchymosis observed over surface; and in one part of substance of left lung, there appeared to be intense congestion, even to ecchymosis. Bronchial tubes reddened internally. Right lung weighed 1 lb. 7 oz.; measured 9 inches. Left lung weighed 1 lb. 3 oz.; measured  $8\frac{1}{2}$  inches.

LIVER—Was full of blood, and very dark red inferiorly.—Gall bladder large and full, contained black bile. Liver weighed 5 lbs. 2 oz.; measured 12 inches.

SPLEEN—Large; of light color; very flexible, and easily broken up. Weighed 12 oz.; measured 5 inches.

PANCREAS.—Apparently somewhat congested. Weighed  $3\frac{1}{2}$  oz.; measured  $8\frac{1}{2}$  inches.

KIDNEYS.—Congested arborescently upon posterior surface. The renal pyramids were congested so as to present, upon sec-



tion, a kind of speckled appearance, indicating, probably, venous stasis; capsule not readily detached. Right weighed  $7\frac{1}{2}$  oz.; measured  $5\frac{1}{2}$  inches. Left weighed 8 oz.; measured 5 inches.

HEART.—Very small; black clot in right auricle; large white clot in right ventricle, adhering to anterior wall; small clot in left auricular appendix of black color, though somewhat mixed; a few black clots in the left ventricle; substance of heart generally reddened. Weighed  $12\frac{1}{2}$  ounces with clots; and with vessels attached, &c., measured  $3\frac{1}{2}$  inches.

INTESTINES.—Large intestines, slightly reddened; regions of intense congestion in jejunum, duodenum and stomach.

SPINAL CORD.—Thirty three hours after death.

Dura mater and sac of the arachnoid were accidentally opened nearly opposite first lumbar vertebra. A seroid fluid mixed with flakes of lymph, to the amount of nearly one drachm was seen to pour forth when the theca was opened. Quite closely adherent to the surface of sac of arachnoid, and accordingly enveloping the spinal marrow, were bluish flakes of fibrin, especially posteriorly. No marked congestion in pia mater was observed. About the middle of dorsal region, a cross section revealed such softening of the proper substance of the cord, as if the substance itself had become puriform; and although the substance of the cord was freely opened, no spot of similar softening, (or consistence) was found. The anterior vein of pia mater and blood vessels in the bottom of anterior cleft of cord, were full of blood; especially in the latter position. Some spots of ecchymosis or exudation were observed a short distance above the softened spot referred to,

Albumen in large quantity was found in the urine.

[CASE No. 33.]

HOSPITAL NUMBER, }  
308.

John Maquilla, Priv. Co. C, 11th Md. Vols.

HISTORY.—(ANTE MORTEM.)

Age supposed to be forty years. Was found in a bawdy house and reported by inmates to have died from an attack of mania a potu.

Specimens from the following  
cases have been forwarded to the  
A. M. M.

1. J. W. Tucker Private Co A  
11<sup>th</sup> h 8 C. I.

Page 33

2. J. J. St John A. Artillery. 1st B.

Page 59

3. C. B. Kettle Private 11<sup>th</sup> Bat H. is Co.

Page 5

4. Thos. L. Shering Private Co E 71<sup>st</sup> N. Y. Inf.

Page 18

5. John Stover Private Co G 62<sup>nd</sup> N. Y. Inf.

Page 47

6. Chauncy James Private Co D  
6<sup>th</sup> N. Y. Inf.

Page 25

7. Nathan M. Aldrich Corp. "13"  
74<sup>th</sup> N. Y. Inf.

Page 55

8. Wm. Doty Private Co E 91<sup>st</sup> N. Y. Inf.

Page 65

9. Jacob Newburger Privt 1st Artillery

Page 52

Cover

10. James Simmons Private Co A 3rd Reg  
Page 26

11. John H Thomas Private Co D  
32 Mass Reg  
Page 37

Genl. H. C. Gill  
Brevet Major & Asst. Surg.  
Late 1st Inf. in Charge  
National 4th Regt.